

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1019 West End
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community about two months (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph ²⁸
(c) City or town Clifton Hill ⁰
(If outside city or town limits, write "RURAL") ⁰
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George William Graves

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 10 1859
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

MOTHER FATHER { 12. Name Silas Graves
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Emily Jackson
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jeff Graves
(b) Address 1101 Dewey Ave.; Kewanee, Ill
17. (a) burial (b) Date thereof 4/11/1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemetery Moberly, Mo

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville, Mo
19. (a) 4-27-45 (b) Uma Havel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1945 hour 9:00 A.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from Mar - 19 - 1945 to April - 6 - 1945
that I last saw him alive on April - 2 - 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and arterio-sclerotic heart ?

Due to _____

Due to _____

Other conditions Senile insanity
(Include pregnancy within 3 months of death)

Major findings: Of operations g3d
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (c) Means of injury 6
23. Signature E. H. Shrader (M. D. or other)
Address Moberly, Mo Date signed 4/27/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10.

District File Number 5-45-804

Date Filed MAY 10 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.