. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 2 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14854

Registration District No. 373 Primary Registration District No. 6271 Registrar's No. 21

1. PLACE OF DEATH:

(a) County ~~Dallas~~ Webster

(b) City or town Rural-Washington township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Washington township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Lucy Margaret Graves

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jack Graves

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November - 20 - 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 18 If less than one day x hr. x min.

9. Birthplace Webster County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Charles Hollis
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary King
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Graves (husband)
(b) Address Conway, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-45
(Month) (Day) (Year)
(c) Place: burial or cremation St. Luke

18. (a) Signature of funeral director Lee Rainey
(b) Address Marshfield, Missouri.

19. (a) Mar 28-45 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1945 hour 5 ~~minute~~ A.M.

21. I hereby certify that I attended the deceased from Feb 1 - 1945, to Feb 8, 1945
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W F Schlicht (M. D. or other)

Address Nunnyco Mo Date signed 3-28-45

1944

(Licensed Embalmer's Statement on Reverse Side)

FEB 20 1948

RECEIVED
District Health Officer No. 6,
District File Number 445-450 (450)
Date Filed APR 17 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 Rex C. Ramey

Licensed Embalmer No. 332

P. O. Address Marshfield, Mo.

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.