

FILED MAY 16 1945

Registration District No. 377

Primary Registration District No. 6284

Registrar's No. 1

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

14
3
0

1. PLACE OF DEATH:

(a) County Wright

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

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

(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 Edward Graven

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret Graven 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>10</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Graven

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Vernon Graven

(b) Address Manes, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/1945
(Month) (Day) (Year)

(c) Place: burial or cremation Evening Shade Cemetery

18. (a) Signature of funeral director James Stapp

(b) Address Mountain Grove, Mo

19. (a) Apr 26-45 (Date received local registrar) (b) Troster Hutell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1945 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 3 1947 to Feb 28 1944
that I last saw him alive on Oct 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Gastric Carcinoma

Duration 1 yr.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations H&K

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) (e) Means of injury 2

23. Signature W. A. Craig D.O. (M.D. or other)

Address Mountain Grove Date signed 3-10-45

RECEIVED

District Health Officer No. 6

District File Number 545-579

Date Filed MAY 12 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 *[Signature]*

Licensed Embalmer No. 3161

P. O. Address *[Signature]*

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.