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OM-2-43  
v. 5-17-39  
X 1 X35697

22952

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 23 1945

1002

Registrar's No. 2867

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Luke's Hospital *(/)*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs.  
(Specify whether years, months or days)

In this community 6 hrs.

3. (a) PRINT FULL NAME George Henry Graves

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male *(/)*

5. Color or race white

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

6. (b) Name of husband or wife Letitia Stevens Graves

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 21, 1865  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <u>79</u> | <u>10</u> | <u>15</u> | <u>hr. min.</u>      |

9. Birthplace Orleans Indiana *(/)*  
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business \_\_\_\_\_

12. Name Henry Graves

13. Birthplace Indiana *(/)*  
(City, town, or county) (State or foreign country)

14. Maiden name Dorcas Arnold

15. Birthplace Indiana *(/)*  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Letitia Stevens Graves

(b) Address Garden City, Mo.

17. (a) burial  
(Burial, cremation, or removal)

(b) Date thereof 7-8-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Austin, Missouri

18. (a) Signature of funeral director J. W. Wagner

(b) Address K. C. Mo.

19. (a) 7-9-45  
(Date received local registrar)

(b) Geraldine Holms  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19

(c) City or town Garden City *(/)*  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Same day as date of death 19\_\_\_\_  
that I last saw him alive on 7-6-45 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial & terminal broncho pneumonia

Due to Sensitiz

Due to \_\_\_\_\_

Other conditions Strangulated hernia  
(Include pregnancy within 3 months of death)

Major findings: Strangulated hernia

Of operations \_\_\_\_\_

Of autopsy 1220

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) (e), Means of injury

While at work? \_\_\_\_\_

23. Signature J. H. Hodgson (M. D. or other) M.D.  
Address 200 Plaza Med Bldg Date signed 7-9-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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 Cecil R. Matthes  
Licensed Embalmer No. 3807  
P. O. Address Kansas City, 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.**