

FILED **Aug 23 1945**
Registration District No. **3044**

Primary Registration District No. **3044**

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

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Eldon
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller **66**

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

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

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Asalee DeGraffenreid

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Russel DeGraffenreid 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased January 28 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

28	5	6	hr. min.
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9. Birthplace Linn Creek, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Willard Long

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

14. Maiden name Mae Hopkins

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

16. (a) Informant Willard Long

(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 7-7-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 7-7-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 4 year 1945 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from May 1 1945 to 7-4 1945

that I last saw her alive on 7-4 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration 1 Hr

Due to Myocarditis 5 1/2 hr

Due to Chronic Valvular Heart Disease 20 yr

Other conditions Rheumatic Fever 2 Mo
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... 920

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 E. B. Shelton (M. D. or other)
Address Eldon Mo. Date signed 7-7-45

RECEIVED

Miller County Health Dep't.

County File Number 45-69

Date Filed 8-10-45

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.....

Louis D. Phillips

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.