

S. No. 2
M-5-43
5-17-39
P I X36677

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32679

Registration District No. 149 Primary Registration District No. 1002 State File No. _____
Registrar's No. 4262

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Hannas city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution? 1208 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Do not know years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson #8
(c) City or town Hannas city MO 3
(If outside city or town limits, write "RURAL.")
(d) Street No. 1208 Harrison 8
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joe Francis Grazer
3. (b) If veteran, name was Do not know
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 13
year 1945 hour 9 minute 30 A M.
21. I hereby certify that I attended the deceased from Coroner, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Male 5. Color or White
6. (a) Single, widowed, married, divorced Do not know
6. (b) Name of husband or wife Do not know
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1875
(Month) (Day) (Year)

Immediate cause of death Coronary sclerosis
Due to arteriosclerosis
Due to _____

8. AGE: Years 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) 94a
Major findings: Of operations: _____
Of autopsy no History & Inspection

9. Birthplace Do not know (City, town, or county) (State or foreign country) 9
10. Usual occupation laborer

MOTHER FATHER
11. Industry or business _____
12. Name Do not know
13. Birthplace (City, town, or county) (State or foreign country) 9
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country) 9

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 3

16. (a) Informant Coroner office
(b) Address Hannas city MO
17. (a) Burial (b) Date thereof Oct 17 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Anthony's, G. 15.
18. (a) Signature of funeral director Benjamin Ows
(b) Address Hannas city MO
19. (a) 10-17-45 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature John White (M. D. or other) 3
Address 1424 Prof. Alley Date signed 10-13-45

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

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..... *Francis Walton*

Licensed Embalmer No. *2744*

P. O. Address..... *19 C 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.