

FILED JAN 11 1946

Registration District No. 170

Primary Registration District No. 4182

Registrar's No. 7

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

1. PLACE OF DEATH: Franklin
 (a) County New Haven
 (b) City or town New Haven
 (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 1 year 6 mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin
 (c) City or town New Haven
 (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 CHARLOTE GRAFRATH
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month DEC. day 22
 year 1945 hour 6:45 minute _____ P. M.
 21. I hereby certify that I attended the deceased from JULY 15, 1944, to DEC. 22, 1945;
 that I last saw h. _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race VY
 6. (a) Single, widowed, married, divorced WIDOW
 6. (b) Name of husband or wife HENRY GRAFRATH
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MAY 6 1862
 (Month) (Day) (Year)

Immediate cause of death MYOCARDIAL DEGENERATION
 Duration _____
 Due to _____
 Due to _____
 Other conditions CEREBRAL HEMORRHAGE 1 1/2 yrs.
 (Include pregnancy within 3 months of death)

8. AGE: Years 83 Months 7 Days 16
 If less than one day _____ hr. _____ min.

9. Birthplace Washington Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired

PHYSICIAN
 Major findings: Of operations _____
 Of autopsy gzn
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Henry Langenberg
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Wilhelmine Wicks
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Hunschler
 (b) Address New Haven
 17. (a) Burial (b) Date thereof 12-27-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Kansas City, Mo

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 _____

18. (a) Signature of funeral director Geo. Berkman
 (b) Address New Haven
 19. (a) Dec 24 45 (b) Juffie Naudeman
 (Date received local registrar) (Registrar's signature)

23. Signature G. M. Hill (M. D. or other) D.O.
 Address New Haven, Mo. Date signed 12/24/45

RECEIVED

District Health Officer No. 9,

District File-Number.....

Date Filed 1-10-46

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 Earl Fertig
Licensed Embalmer No. 3385
P. O. Address Northaven Ave

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.