

FILED FEB 26 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 273

Primary Registration District No. 5919

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural Saline Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 89-11-10 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1946 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 26 1945 to Jan 3 1946
that I last saw him alive on Jan 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia - Bronchial 10 days
Duration

Due to Chronic cordis-vascular
Due to renal disease with hypertension 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 2/6
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 0

23. Signature J. O. Carson (M. D. or other)
Address Perryville Mo Date signed 1-7-46

3. (a) PRINT FULL NAME John Christian Graff
(b) If veteran, name war _____ (c) Social Security No. None

4. Sex Male 5. Color, or race white 6. (a) Single, widowed, married, divorced, widowed 2 divorced widowed
(b) Name of husband or wife Laura Graff 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 23 1856
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Bollinger Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Graff
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Harris
15. Birthplace Bollinger Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Vince Elmo Graff
(b) Address Lithium Mo.

17. (a) Burial (b) Date thereof 1-4-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
Perryville Mo.
(c) Place: burial or cremation

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) Jan 4 1946 (b) Joe Zollner
(Date received local registrar) (Registrar's signature)

9000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4

File Number 246-1255

Date filed 2-25-46

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.

Body was not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.