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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6696**

Registration District No. **275**

Primary Registration District No. **3053**

Registrar's No. **34**

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

1. PLACE OF DEATH:

(a) County **Phelps**

(b) City or town **Rolla**

(c) Name of hospital or institution **Rolla Hospital**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Months**

(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Sasconed**

(c) City or town **Rural (Bland)**

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME **Milford Eugene Graft**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **—**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 13 1932**

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	13	10	17	hr. _____ min.

9. Birthplace **Owensville Missouri**

(City, town or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Ollie Graft**

13. Birthplace **Marion Missouri**

(City, town or county) (State or foreign country)

14. Maiden name **Leora Perkins**

15. Birthplace **Ossage Missouri**

(City, town or county) (State or foreign country)

16. (a) Informant **Mrs. Ollie Graft**

(b) Address **Bland - Mo.**

17. (a) **Burial** (b) Date thereof **Feb 2 1946**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rolla, Mo.**

18. (a) Signature of funeral director **James J. ...**

(b) Address **Bland - Mo.**

19. (a) **Feb 2, 1946** (b) **Mrs. Gertrude Harney**

(Date received local registrar) (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **31st** year **1946** hour **6** minute **A. M.**

21. I hereby certify that I attended the deceased from **Dec. 3, 1946** to **Jan. 31, 1946** that I last saw him alive on **Jan. 31st, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Infantile paralysis**

Due to _____

Due to _____

Other conditions **Stenular deficiency**

(Include pregnancy within 3 months of death)

Major findings: Of operations **36**

Of autopsy _____

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) (Specify type of injury)

23. Signature **Adrian McFarland** Address **Rolla, Mo.** Date signed **2/1/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Chester Lassmann*

Licensed Embalmer No. *4178*

P. O. Address: *Bland, 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.