

**FILED** MAR 18 1946

Registration District No. **2718**

Primary Registration District No. **4413**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Frankford  
(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 58 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 821  
(c) City or town Frankford 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE BUFFINGTON GRAVES

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

4. Sex MO 5. Color or race W 6. (a) ~~Single, widowed, married,~~ divorced 2  
6. (b) Name of husband or wife Ella Graves 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 8 1864 (Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 20 If less than one day \_\_\_\_\_ yr. \_\_\_\_\_ min.

9. Birthplace Kesoguisa Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Musicians

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George R. Graves  
13. Birthplace Penn (City, town, or county) (State or foreign country)  
14. Maiden name Emily Buffington  
15. Birthplace Penn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. D. Graves

(b) Address Frankford, Mo

17. (a) Burial (b) Date thereof Mar 2-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford, Mo

18. (a) Signature of funeral director Fields & Son

(b) Address Frankford, Mo

19. (a) 3/1/46 (b) Margaret A. Stephens (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 th  
year 1946 hour 12 minute 40 AM.  
21. I hereby certify that I attended the deceased from Jan 22  
1946 to Jan 28 1946  
that I last saw him alive on Feb 25 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning Duration \_\_\_\_\_

Due to Prostatitis

Due to Senile Dementia  
Old age

Other conditions Senile Dementia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 137W

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 2

23. Signature E. P. Hansen (M. D. or other) DD.

Address Frankford, MO Date signed 3/1/46

RECEIVED

District Health Officer No. 10

District File Number 3-46-531

Date Filed MAR 16 1946

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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 Jane Fields Maguire

Licensed Embalmer No. 40950

P. O. Address Frankford, 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.**