

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

12440

Registration District No. 47 Primary Registration District No. 5765 State File No. _____ Registrar's No. 119

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town MCCREDIE Twp
(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 _____
In this community SINCE 1884 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County CALLAWAY 14
(c) City or town MCCREDIE
(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 Joseph DAVID GRAVES
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 10
year 1946 hour 1 minute 20 P.M.

4. Sex MALE 5. Color or race White
6. (a) Single, widowed, divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 24 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 2, 1946 to March 10, 1946
and that I last saw him alive on March 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Rusted Atheros Duration _____

8. AGE: Years 91 Months 5 Days 19
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Boone Co. KY 1
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

PHYSICIAN _____

12. Name C. C. GRAVES

Major findings:
Of operations _____

13. Birthplace KY 1
(City, town, or county) (State or foreign country)

Of autopsy 12 3 3

14. Maiden name MARIA GRAYNES

15. Birthplace KY. 1
(City, town, or county) (State or foreign country)

16. (a) Informant MRS J. W. ATKINSON

(b) Address MCCREDIE, MO

17. (a) BURIAL (b) Date thereof MAR. 17, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer

18. (a) Signature of funeral director Eben Y. Managin

(b) Address 712 Court St. Fulton, Mo

19. (a) 3-17-1945 (b) Joseph Managin
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature E. B. Wickbold (M. D. or other) _____

Address Lawrence, Mo Date signed Feb 24 1946

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-19-46

MAY 16 1946

MAY 9 1946

JUL 12 1946

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 Glen Y. Mauhin

Licensed Embalmer No. 12725

P. O. Address. Fulton, 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.