S. No. 2
M—2-43
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P1 X35697

16606

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17726

FILED JUN 14 1946

Registration District No. 290

Primary Registration District No. 5986

Registrar's No. 56

1. PLACE OF DEATH:

(a) County PULASKI

(b) City or town RURAL – TAVERN
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOME AS ABOVE 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PULASKI 8

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

(d) Street No. TAVERN TOWNSHIP
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME NANCY ANN GRAVES

3. (b) If veteran, name war .....

3. (c) Social Security No. NONE

4. Sex F-1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WILLIAM GRAVES

6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years ABOUT 94 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace NEAR STOUTLAND MO (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name JOHN BALLARD
13. Birthplace UNKNOWN 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace " U (City, town, or county) (State or foreign country)

16. (a) Informant W.E. BROWN

(b) Address CROCKER MO

17. (a) 4/14/6 (Burial, cremation, or removal) (b) Date thereof 4/14/6 (Month) (Day) (Year)

(c) Place: burial or cremation RICHLAND MO

18. (a) Signature of funeral director J.L. HOOPS & SONS

(b) Address Crocker Mo

19. (a) 6/13/46 (Date received local registrar) (b) Louise B. McClintock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th year 1946 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from Apr. 12, 1946 to April 15, 1946 that I last saw h..... alive on ....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia, bronchial	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 0
Of autopsy 0

107

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury ?

23. Signature C. Malletter (M. D. or other) M.D.

Address Crocker, Mo. Date signed 4-13-46

331 (Licensed Embalmer's Statement on Reverse Side)

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 Paul R. Hooper

Licensed Embalmer No. 3261

P. O. Address Cuckers 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.