

FILED JUN 23 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

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

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution:  
1608 East 19th St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 28 Years

**3. (a) PRINT FULL NAME** Virgil Graves

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Charles Graves

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

7. Birth date of deceased September 1, 1898  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>47</u>	<u>48</u>	<u>9</u>	<u>9</u>
		hr.	min.

9. Birthplace Marshall Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

**MOTHER FATHER**

12. Name Unknown

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

14. Maiden name Mary Marshall

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

16. (a) Informant Lawrence Graves

(b) Address 2325 Troost Avenue

17. (a) Burial (b) Date thereof 6/13/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia Avenue

19. (a) 6-12-46 (b) Meraldine Holmes  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

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

(d) Street No. 1608 East 19th St.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 10  
year 1946 hour 8 minute 45 P.M.

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

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 830

Of autopsy \_\_\_\_\_

**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) Means of injury \_\_\_\_\_

23. Signature W. Booker (M. D. or other) \_\_\_\_\_  
Address 2028 Vine St Date signed 6/14/46

Dr. Booker

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

Lawrence A. Jones, Registered Apprentice No. 378  
working under my personal supervision.

Signed J. Jerome Marlowe

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

**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.**