S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29577

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1026

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. Rural, R.F.D. # 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FAYE MARIE GRAVES

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased September (Month) 5, (Day) 1946 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	5 hr. s. min.

9. Birthplace St. Joseph, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business None

FATHER
12. Name Richard E. Graves
13. Birthplace St. Joseph, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Charlotte L. Carter
15. Birthplace St. Joseph, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Richard Graves (Father)
(b) Address R.F.D. # 6, St. Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/46 (Month) (Day) (Year)
(c) Place: burial or cremation King Hill Cemetery
18. (a) Signature of funeral director John C. Rupp
(b) Address 6054 Pryor Ave., City
19. (a) Sept. 12, 1946 (Date received local registrar) (b) H. J. Nettelhurst (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month September day 5 year 1946 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept 5 1946 to Sept 5 1946 that I last saw her alive on Sept 5 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth 6th month

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 J R Elliott (M. D. or other)
Address 8014 Francis St Joseph Mo. Date signed 9/9/46

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(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 John E. Rupp

Licensed Embalmer No. 3486

P. O. Address St. Joseph, 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.