

FILED OCT 14 1946

## STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 140

Primary Registration District No. 5549

Registrar's No. 69

## 1. PLACE OF DEATH

- (a) County Howard  
 (b) City or town Rural  
 (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 Life years, months or days)

## 3. (a) PRINT FULL NAME

BENJAMIN KING GRAVELY3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. no

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years  
 7. Birth date of deceased August 15 - 1864  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 1 13 hr. min.

9. Birthplace Howard Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

## 11. Industry or business

12. Name George Gravelly  
 13. Birthplace Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Queenada Cooper  
 15. Birthplace Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant W. S. Branch  
 (b) Address R.R. 2 FAYETTE MO.  
 17. (a) Rural (b) Date thereof 9-30-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Boonshoro

18. (a) Signature of funeral director C. S. Dunson  
 (b) Address New Franklin Mo.  
 19. (a) 9-28-46 (b) W  
 (Data received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Howard 45  
 (c) City or town Rural (R.R. 2 Fayette)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28  
 year 1946 hour 4 minute p. M.  
 21. I hereby certify that I attended the deceased from 9-24 to 9-28  
 that I last saw him alive on 9-27  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary edema 8 day  
 Due to Cardio-Vascular 2 yrs  
Renal disease  
 Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations 131A

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?

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature W. S. Branch (M. D. or other) M. D.  
 Address Fayette Mo Date signed 2-4-46

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-12-46.....

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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 H. L. Hall.....

Licensed Embalmer No. 3515.....

P. O. Address New Franklin.....

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.