S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35786

Registration District No. 322 Primary Registration District No. 4472 Registrar's No.

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: /
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Miami
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sheila Vennia Gravitt

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October 10th, 1946 (Month) (Day) (Year)

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace ✓ (City, town, or county) Missouri (State or foreign country)

10. Usual occupation ✓

11. Industry or business

MOTHER FATHER

12. Name Darrell E. Gravett

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

14. Maiden name Mildred V. Brown

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

16. (a) Informant Darrell E. Gravitt

(b) Address Miami, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Memorial Gardens

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Marshall, Mo.

19. (a) Oct. 21, 1946 (Date received local registrar) (b) Mrs Earl C Metz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 12th year 1946 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Oct 10, 1946 to Oct 12, 1946 that I last saw h. alive on Oct 11, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pre Mature	2 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations 159	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or Coroner)

Address Date signed 10/12/46

292 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-26-46

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 Jas. H. Penn

Licensed Embalmer No. 1171

P. O. Address Marshall 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.