V. S. No. 2
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Rev. 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 DEC 2 1946

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36131

Primary Registration District No. 1000

Registrar's No. 1320

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days. (Specify whether

In this community Entire 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. 2134 South 6th. Street (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Alexander Graff

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Deceased.

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

7. Birth date of deceased January (Month) 23rd. (Day) 1874 (Year)

8. AGE: Years 72 | Months 10 | Days --- | If less than one day -- hr. --- min.

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

10. Usual occupation Retired Cooper.

11. Industry or business Cooperage.

FATHER
12. Name John Graff
13. Birthplace Bavaria, Germany. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Humberger
15. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Annie Reed.
(b) Address 1703 Mitchell Avenue.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/27/46 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Mrs. E. R. Sidenfaden

(b) Address 602 South 10th. Street.

19. (a) Nov. 29, 1946 (Date received local registrar) (b) E. C. Jenkins, Yellowknife Deputy (Registrar's signature)

MEDICAL CERTIFICATION

(Sat)

20. DATE OF DEATH: Month Nov day 23rd. year 1946 hour 2 minute 40 AM.

21. I hereby certify that I attended the deceased from November 21, 1946, to November 23, 1946; that I last saw him alive on November 23, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterioclerotic Heart Disease	Ukn.
Other conditions:	
Terminal Pneumonitis	
Auricular Fibrillation	

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93D

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 [signature] MD (M. D. or other)

Address The Tootle Bldg. St. Joseph, Mo. Date signed 11-25-46

382

(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 Mollie E. Siedenfaden Fox

Licensed Embalmer No. 4235

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.