S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36289

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 373

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St Francis O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Oran Mo 4
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ✓ (Yes or No) 1

If yes, name country ✓

3. (a) PRINT FULL NAME MAXIE RAY GRAVIETT

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race WH

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased AUG 28 1946
(Month) (Day) (Year)

8. AGE: Years — Months 2 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Oran Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business

FATHER
12. Name MAXIE A GRAVIETT
13. Birthplace ORAN MO
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MILDRED R. SCHLITT
15. Birthplace ORAN MO
(City, town, or county) (State or foreign country)

16. (a) Informant MAXIE GRAVIETT
(b) Address ORAN Mo

17. (a) Burial (b) Date thereof 11-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oran Catholic Cem.

18. (a) Signature of funeral director G. A. Heisserer & Co
(b) Address Oran Mo

19. (a) 11-13-1946 (b) G. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3rd year 1946 hour 10 53 pm minute ___ M.

21. I hereby certify that I attended the deceased from Nov 1st, 1946, to Nov 3, 1946; that I last saw him alive on Nov 3, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Post operative pneumonia	2 days
Due to Strangulated Inguinal hernia	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

1576

Major findings:
Of operations Strangulated hernia
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 0

23. Signature J. H. Cochran (M. D. [redacted])
Address Cape Girardeau, Mo. Date signed 11/4/46

44

(Licensed Embalmer's Statement on Reverse Side)

EIVED

Health Officer No. 4

Certificate Number 1146-2863

Date Filed 11-18-46

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.