

FILED JUN 30 1947

Registration District No. **296**

Primary Registration District No. **5983**

Registrar's No. **73**

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural (Cullen Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: L.I.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Lilburn Graves

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-05-0870

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Maggie Elizabeth Graves 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased March 10, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 23 hr. min.

9. Birthplace Pulaski Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER { 12. Name William L. Graves
13. Birthplace Kv.
(City, town, or county) (State or foreign country)
14. Maiden name Harriet York
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lilburn Graves
(b) Address Waynesville, Mo.
17. (a) Burial (b) Date thereof 6/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director J. L. HOOPS & SONS
(b) Address Crocker, Mo.

19. (a) 6/27/47 (b) Thelma C. Buckshape
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1947 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Apoplexy

Due to High blood pressure

Due to Myocardial infarction

at rest

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 6/3/47
(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? Yes (Specify type of place) _____
(e) Means of injury 3

23. Signature R. B. Deppa
Address Pikeburg, Mo. Date signed 6/3/47

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

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..... *Paul B. Hooper*

Licensed Embalmer No. *3261*

P. O. Address *Waynesville, 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.