S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 17 1947
Registration District No. 32

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. 23362 Smith
Registrar's No. 188

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

10
2
4

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Boone County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Rocheport 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM FRANKLIN GRAVITT
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Minnie Roberts Gravitt
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 12 - 28 - 1865 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	6	12	..... hr. ..... min.

9. Birthplace Howard County (City, town, or county) Missouri (State or foreign country) 10
10. Usual occupation Retired
11. Industry or business .....
FATHER
12. Name David Crockett Gravitt
13. Birthplace Unknown (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Mary Creed 1
15. Birthplace Unknown (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs. Dorsey Blackburn 1
(b) Address Rocheport, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Smith Chapel
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) 7-12-47 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature) 21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1947 hour 12 minute 45 A.M.
21. I hereby certify that I attended the deceased from July 5th, 19..., to July 10, 1947
that I last saw ..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to General Arteriosclerosis
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

Duration: 4 days

PHYSICIAN
Underline the cause of 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 Stephen D Smith (M. D. or other)
Address Columbia Date signed 7/11/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 7-16-47

JUL 23 1947

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 Thos L Daring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.