

FILED JUL 23 1947
3744

Registration District No. **3744**

Primary Registration District No. **6162**

1. PLACE OF DEATH:

(a) County **Stone**
(b) City or town **Reeds Spring**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Reeds Spring
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **41 yr.** (Specify whether years, months or days)
In this community **41 yr.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Stone**
(c) City or town **Reeds Spring**
(If outside city or town limits, write "RURAL")
(d) Street No. **2**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lavern Hasting Gracey**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, **married**
6. (b) Name of husband or wife **Jessie Gracey** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 29-1888**
(Month) (Day) (Year)

8. AGE: Years **58** Months **06** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Sorento Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Post Master**

11. Industry or business _____

MOTHER FATHER { 12. Name **E. P. Gracey**
13. Birthplace **Ill.**
(City, town, or county) (State or foreign country)
14. Maiden name **Carolina Kahl**
15. Birthplace **Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harold Gracey**
(b) Address **Reeds Spring, Mo.**

17. (a) **Burial** (b) Date thereof **6-5-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Branson, Mo.**

18. (a) Signature of funeral director **R. O. Wheelchel**

(b) Address **Branson, Mo.**

19. (a) **6-4-47** (b) **Myrtle Lofouth**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3-1947**
year _____ hour **9** minute **A.** M.

21. I hereby certify that I attended the deceased from **May**
19 **39** to **6-3-** 19 **47**
that I last saw him alive on **5-27** 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **A. T.**

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **W. P. Cottrell** (M. D. or other) **0**

Address **Reeds Spring, Mo.** Date signed **6-4-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 6
District File Number 747-720
Date Filed JUN 21 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 *Minnie L. Wheeler*
Licensed Embalmer No. *2277*
P. O. Address *Princeton, N.J.*

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.