

FILED OCT 21 1947

Registration District No. 11 Primary Registration District No. 4025 Registrar's No. 99

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

1. PLACE OF DEATH:
 (a) County Barry
 (b) City or town Wheaton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none Wheaton
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri, (b) County Barry
 (c) City or town Wheaton
(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 Edith Ann Graves
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 28
 year 1947 hour 7 minute 10 A.M.
 21. I hereby certify that I attended the deceased from May 1
1947, to Sept 28 1947;
 that I last saw he alive on September 28 1947;
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 19 1893
(Month) (Day) (Year)

Immediate cause of death Cardio-renal disease Duration 1 yr.
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 74 Months 5 Days 9
 If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Harry Sampson 4
 13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Lydia James
 15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E. E. Lamberson

(b) Address Wheaton Mo

17. (a) Burial (b) Date thereof Sept. 28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Hope Cemetery

18. (a) Signature of funeral director Wheaton Funeral Home

(b) Address Wheaton - Mo.
 19. (a) Oct. 10 - 1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
131A

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 _____

23. Signature [Signature] (M. D. or other) [Signature]
 Address Wheaton Mo Date signed 9-28-47

RECEIVED

District Health Officer No. 6,

District File Number 1047-1066

Date Filed OCT 20 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

G. E. Culver

Licensed Embalmer No.

3584

P.O. Address

Cassville 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.