

FILED OCT 20 1947

Registration District No. 74

Primary Registration District No. 6296

Registrar's No. 37

1. PLACE OF DEATH:

(a) County CLINTON
(b) City or town HARDIN TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME KATHRYN E GRAVER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased MARCH 12 1926
(Month) (Day) (Year)

8. AGE: Years 21 Months 6 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation SCHOOL TEACHER

11. Industry or business _____

12. Name ROY E GRAUER

13. Birthplace CRAWFORD Co. KANSAS
(City, town, or county) (State or foreign country)

14. Maiden name IDA M. BURRIS

15. Birthplace WEBSTER Co. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Graver

(b) Address Parsons Kansas

17. (a) _____ (b) Date thereof 10 15 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MCCUNE CEMETERY

18. (a) Signature of funeral director LYON FUNERAL HOME

(b) Address PLATTSBURG, Mo.

19. (a) OCT 10 47 (b) Emmie Chatham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County NEOHO
(c) City or town PARSONS (RURAL)
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D #3
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
year 1947 hour 12 minute 50 AM.

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

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

Immediate cause of death Accident
Automobile - car turned over when R front wheel
over struck asphalt curb at
edge of pavement. The driver
Due to Chest crushed

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

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 25
(b) Date of occurrence Oct 10 - 1947
(c) Where did injury occur? Hardin Township, Clinton Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 169

While at work? No (Specify type of place) (c) Means of injury Auto accid

23. Signature A. P. Templeman
Address Cameron Date signed 10/10/47

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, NOV 4 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 *J. G. Lyon*.....

Licensed Embalmer No. *952*.....

P. O. Address *Stewartville 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.