

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34941

State File No. _____

FILED NOV 13 1947

Registration District No. 75

Primary Registration District No. 5646

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Logan *Buck Prairie*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1957 N. Howard 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Myrtle Graf

3. (b) If veteran, name war X 3. (c) Social Security No. 490-28-1866

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ernest Graf 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Nov. 15, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 11 13 hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name John R. Teague
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Estes
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Maples
(b) Address Logan, Mo.

17. (a) burial (b) Date thereof Oct. 31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smart cemetery
18. (a) Signature of funeral director T.W. Maples
(b) Address Clever, Mo.

19. (a) Oct. 31-47 (b) Dora Mc Nath
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1947 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 1, 1947 to Oct 29, 1947
that I last saw her alive on Aug 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Uterus Duration 2 yrs

Due to _____
Due to _____

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

Major findings: Of operations U8B
Of autopsy _____

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 _____
(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 _____

23. Signature Max [unclear] (M. D. or other) M.D.
Address Springfield Mo Date signed 10-29-47

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1147-1167

Date Filed NOV 12 1947

NOV 14 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.W. Maples

Licensed Embalmer No. 2995-

P. O. Address Clear 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.