

FILED NOV 4 1947

Registration District No. 201

Primary Registration District No. 5738

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Madison
 (b) City or town LaPlata - rural
(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 Everett Graves
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: March 14 1897
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 5
If less than one day hr. _____ min. _____

9. Birthplace Adair Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
 11. Industry or business Farming

MOTHER FATHER { 12. Name George Graves **9**
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name America Sutton
 15. Birthplace Adair Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lottie Combs
 (b) Address Kirksville, Missouri

17. (a) Burial (b) Date thereof 10/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ownbey Cmt.

18. (a) Signature of funeral director J. E. Kelley
 (b) Address Kirksville, Missouri

19. (a) Oct 27-47 (b) Mrs. O. P. Griffin
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19
 year 1947 hour 5 minute 1 M.

21. I hereby certify that I attended the deceased from _____
none 19____ to _____ 19____;
 that I last saw him alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death came to his death when
in his automobile was struck by a
west-bound passenger train of A.T. &
S.W. Railroad co. about 4 miles south
west of LaPlata on crossing known as
"Carpenter Crossing", which we con-
sider was accidental.

Other conditions (Jury verdict)
(Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy none

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

22. If death was due to external causes, fill in the following:
 (c) Accident, suicide, or homicide (specify) accident 61
 (b) Date of occurrence 10-19-47
 (c) Where did injury occur? LaPlata Mason Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Santa Fe RR track crossing
(Specify type of place)
 While at work? riding in car (e) Means of injury collided

23. Signature J. E. Edwards
(M. D. or other)
 Address Bevier Mo Date signed 10/20/47

RECEIVED
District Health Officer No.
District File Number 11-47
Date Filed NOV - 3 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 DEE R. R. R. R.
Licensed Embalmer No. 4181
P. O. Address Jacksonville, 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.