

S. No. 7  
4-1/47  
5-17-39

see also 36732-4

40767

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

National Office of Vital Statistics  
FILED JAN 7 1948

Registration District No. ....

Primary Registration District No. 3000

Registrar's No. 308

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Grim-Smith  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 minutes  
(Specify whether years, months or days)

In this community 50 minutes  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler 98

(c) City or town Lancaster 0  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) ✓

If yes, name country .....

3. (a) PRINT FULL NAME Fred Walker Graves

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31  
year 1947 hour 10 minute 40 P.A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Graves 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased November 5, 1893  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 31 1947, to October 31 1947, that I last saw him alive on October 31 1947, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>11</u>	<u>26</u>	hr. min.

Immediate cause of death Concussion of brain with hemorrhage 50 min.

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

10. Usual occupation Insurance Business

Due to .....

Due to .....

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

11. Industry or business .....

12. Name Sam Graves

13. Birthplace Schuyler County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Masters

15. Birthplace Iowa  
(City, town, or county) (State or foreign country)

Major findings: Of operations M.D.

Of autopsy M.D.

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant Eva Graves

(b) Address Lancaster, Missouri

17. (a) Burial (b) Date thereof 11/3/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arni

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 61

(b) Date of occurrence 10/31/47

(c) Where did injury occur? LaPlata Macon Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway  
(Specify type of place)

While at work? No (e) Means of injury Auto Collision

18. (a) Signature of funeral director Churcell Fenster

(b) Address Lancaster, Mo.

19. (a) 1-3-48 (b) Rose Lambert  
(Date received local registrar) (Registrar's signature)

23. Signature R. D. King (M. D. or other) M.D.

Address Lancaster, Mo. Date signed 12/2/47

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

MOTHER FATHER

coll. with other M-vehicle

FEB 5 1949

MAR 4 1949

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

*Russell Fenton*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Russell Fenton*

Licensed Embalmer No. *3705*

P. O. Address *Lancaster, 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.