

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

103

State File No.

Registrar's No. 6

Registration District No. 27

Primary Registration District No. 3000-

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution:
Butler Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. 314 W. Pine
(If rural, give location)

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

3. (a) PRINT FULL NAME Harriet Permelia Graves

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

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>Widowed</u>
6. (b) Name of husband or wife <u>Will Graves</u>		6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased <u>April 15 1864</u> (Month) (Day) (Year)		

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6 year 1948 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 10th 1932 to Jan 6th 1948
that I last saw her alive on Jan 6th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Carcinoma of the right side of the tongue

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 83 Months 8 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Mc Comb Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Elishea Gordinier

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name Judith van Antwerp

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Lester Graves
(b) Address Denver, Colo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 8 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Culver-Underwood
(b) Address Butler, Mo.

19. (a) 1-12-48 (Date received local registrar) (b) Pendall Murphy (Registrar's Signature)

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 J. D. Layman (M. D. or other) md
Address Butler, Mo Date signed 1-7-48

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

MOTHER FATHER

Date Filed 1-19-48
District File Number 1-11-3036
District of Columbia, D.C.

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 John G. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler Md

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.