

No. 2  
12-45  
5-17-39  
X47070

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7889  
Registrar's No. 352

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hospital no 2 21  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 41-42-1 mo 29 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Susie Graves  
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Robert S. Graves 6. (c) Age of husband or wife if alive unk. years  
7. Birth date of deceased November 12 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 4 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name Samuel P. Diler 1  
13. Birthplace unknown N. Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Alvilda Miller  
15. Birthplace Platte County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. W. Kirby  
(b) Address Liberty Mo

17. (a) Burial (b) Date thereof 3-24-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt Bethel Cem.

18. (a) Signature of funeral director Vaughn Funeral Home  
(b) Address Weston Mo

19. (a) 3-23-48 (b) L. L. Jenkins  
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1948 hour 8 minute 40 A.M.  
21. I hereby certify that I attended the deceased from March 1  
1948, to March 22 1948;  
that I last saw her alive on March 22 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_

Due to Arterio sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 35

Of autopsy \_\_\_\_\_

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 Forest Thomas M U (M. D. or other) 0  
Address St. Joseph Mo Date signed 3/22-48

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

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

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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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston Ma

**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.**