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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1948 16

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8370
State File No.

Primary Registration District No. 3020

Registrar's No. 44

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

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Washington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 23 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Franklin
(c) City or town: Pacific (If outside city or town limits, write "RURAL") 36
(d) Street No. (If rural, give location) 20
(e) Citizen of foreign country? ? (Yes or No) 0
If yes, name country: ?

3. (a) PRINT FULL NAME: Michael Josef Graef
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: Male
5. Color or race: Caus.
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 (Month) 18 (Day) - 1883 (Year)
8. AGE: Years: about 65 Months: Days: If less than one day: hr. min.
9. Birthplace: (City, town, or county) Hungary (State or foreign country)
10. Usual occupation: Bridge carpenter
11. Industry or business: R Shed
12. Name (Father): unknown
13. Birthplace (Father): (City, town, or county) unknown (State or foreign country) Hungary
14. Maiden name (Mother): unknown
15. Birthplace (Mother): (City, town, or county) unknown (State or foreign country)
16. (a) Informant: Records - in deceased -
(b) Address: belongs -
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: St Bridget Pacific Mo
18. (a) Signature of funeral director: Joseph L Shelton
(b) Address: Pacific Mo.
19. (a) Mar. 25, 1948 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar. day: 18 year: 1948 hour: 6 minute: 30 P.M.
21. I hereby certify that I attended the deceased from Feb 26, 1948, to March 18, 1948, that I last saw him alive on March 18, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lymphoblastic Leukemia	2
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Pneumonia - lobar - Bilateral	1 wk.

Major findings:
Of operations: 1 4 15
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: 0
23. Signature: [illegible] (M. D. or other)
Address: Pacific Mo. Date signed: 3/22/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Health Officer No. 3
Number MAR 29 1948
Date Filed

SEP 28 1955

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 Jno. L. Thiebes

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.