S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13171

Registration District No. 124 | Primary Registration District No. 2022 | Registrar's No. 41

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Warrensburg, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri, (b) County: Johnson
(c) City or town: Warrensburg, (If outside city or town limits, write "RURAL")
(d) Street No. 322 Christopher (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Edward Alexander Graf
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Menna V. Graf
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: January 1st. 1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
90	3	11	hr. min.

9. Birthplace: Auborn County New York. (City, town, or county) (State or foreign country)
10. Usual occupation: Retired, Landscape Gardner.
11. Industry or business:
MOTHER FATHER
12. Name: Gustave Graf
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Aloisia Fischer.
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Menna V. Graf
(b) Address: Warrensburg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 15th. 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Sun Set Hill, Warrensburg.
18. (a) Signature of funeral director: R.A. Brammer
(b) Address: Warrensburg, Mo.
19. (a) Apr. 13, 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: April day: 12t. year: 1948 hour: 8:20 P.m. minute: M.
21. I hereby certify that I attended the deceased from Jan 1946, 19..., to 4-12, 1948, that I last saw him alive on April, 12th. 1948, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 97
Of autopsy:

PHYSICIAN
Underline the cause of 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
Signature: R. Lee Cooper (M. D. or other) MD
Address: Warrensburg, Mo. 4-13-48 Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 K R Brauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.