. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 24 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 15452

Registrar's No. 554

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri River at Francis St.
(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: Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 2600 Huntoon Road
(If rural, give location)
(e) Citizen of foreign country?: no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: JOHN GRAVES
3. (b) If veteran, name war: W.W. # 1
3. (c) Social Security No.: 510054693
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Loretta
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: August 17, 1897 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	6	29	hr. min.

9. Birthplace: St. Joseph, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: Pioneer Sand Co.
FATHER
12. Name: William Graves
13. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Idora McDowell
15. Birthplace: Unknown (City, town, or county) Iowa (State or foreign country)
16. (a) Informant: Loretta Graves (wife)
(b) Address: 2600 Huntoon Rd., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: John E. Shipp
(b) Address: 6054 Pryor Ave., City
19. (a) 5-18-48 (Date received by local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March 16th year: 1948 hour: 3 minute: 30 P. M.
21. I hereby certify that I attended the deceased from: Viewed May 13th, 1948 to ....., 19.....; that I last saw him alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Accidentally	
Drowned	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
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): Accident
(b) Date of occurrence: March 16th 1948
(c) Where did injury occur?: St Joseph, (City or town) Mo. (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?: Public Place (Specify type of place)
While at work?: yes (e) Means of injury: Fall
23. Signature: R. W. Tadlock (M.D. or other) Coroner
Address: King Hill Bldg Date signed: 5/13/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1940

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 body was embalmed, encased in metal lined casket, Registered Apprentice No.....,
working under my personal supervision.

Signed: John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Missouri

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.