S. 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 JUN 1 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 15996

Registrar's No. 396

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 940 S.Douglas (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: 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield (If outside city or town limits, write "RURAL")
(d) Street No.: 940 South Douglas (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William Wallace Graves
3. (b) If veteran, name war: No
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: Lilla May Graves
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: August (Month) 16 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
90	8	25	hr. min.

9. Birthplace: Marblehead (City, town, or county) Mass. (State or foreign country)
10. Usual occupation: Retired Produce Salesman
11. Industry or business: For Miller Prod. Co.

MOTHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lilla May Graves
(b) Address: 940 S.Douglas, Springfield
17. (a) Greenlawn (Burial, cremation, or removal) (b) Date thereof: 5-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn
18. (a) Signature of funeral director: W. L. Dunn
(b) Address: Springfield, Mo.
19. (a) 5-13-48 (Date received local registrar) (b) W. G. Hundley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 11 year: 1948 hour: 1 minute: 15 A. M.

21. I hereby certify that I attended the deceased from June, 1947, to May 11, 1948; that I last saw him alive on Feb 16, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	10 min
Due to: Cardio-Renal Vascular Disease	
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)
(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
23. Signature: (M. D. or other)
Address: Springfield Mo Date signed: 5-11-48

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.....

Licensed Embalmer No. 2727

P. O. Address.....

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.