FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 10 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18744

Primary Registration District No. 1000

Registrar's No. 705

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

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: 716 No. 6th St. (Nursing Home) Wayne
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two years (Specify whether
In this community Lifetime
years, months or days)

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. 3404 Lafayette St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARTHA JANE GRAZIER
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased April (Month) 8, (Day) 1860 (Year)

8. AGE: Years 88 Months 2 Days 23 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
10. Usual occupation House keeper
11. Industry or business Home
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant James G. Smith (nephew)
(b) Address 3404 Lafayette St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director John C. Lupp
(b) Address 6054 Pryor Ave., City
19. (a) 7-7-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1948 hour 10 minute :30 P. M.

21. I hereby certify that I attended the deceased from July 1, 1948, to July 1, 1948 that I last saw her alive on July 1, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Bronchopneumonia arteriosclerosis	2 days
Due to: Senility Myocardial Failure	
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 Irwin Rosenthal (M.D. or other) MD
Address St Joseph MO Date signed 7-3-48

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 Grandal R. Stabe Registered Apprentice No. 213 working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.