No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 26 1948

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 19157

Registrar's No. 505

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: St. John's Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield, 2
(If outside city or town limits, write "RURAL")

(d) Street No. 750 S. Fremont 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) O

If yes, name country

3. (a) PRINT FULL NAME Louis Earl Gravelle

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vesta V. Gravelle

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased July (Month) 25, (Day) 1881 (Year)

8. AGE: Years 66 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace St. Joseph, (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation Salesman

11. Industry or business Hardware Company

FATHER
12. Name Edward Gravelle
13. Birthplace Unknown (City, town, or county) Canada (State or foreign country) 2

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Louis E. Gravelle, Jr. 1

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/48 (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn Cemetery

18. (a) Signature of funeral director Gorman-Scharpf Funeral Home

(b) Address Springfield, Missouri

19. (a) 6-19-48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17, year 1948 hour 8:20 minute A. M.

21. I hereby certify that I attended the deceased from Jan, 1944, to June 17, 1948 that I last saw him alive on June 17, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive Heart Failure	3 Ma
Due to Coronary Heart disease	4 Ma.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 O

23. Signature H. P. Maddux (M. D. or other)

Address Springfield, Mo. Date signed 6-17-48

(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 Harry Hyre, Registered Apprentice No. 479, working under my personal supervision.

Signed: Lewis G Scharff

Licensed Embalmer No. 3862

P. O. Address Springfield, 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.