FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 17 1948
Registration District No. 180

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5673

State File No. 20046
Registrar's No. 60

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln 57
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mile east of Winfield 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RAY GRAVENS
3. (b) If veteran, name war —
3. (c) Social Security No. UNKNOWN
4. Sex Male 0
5. Color or race W
6. (a) Single widowed, married, divorced 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Jan (Month) 1 (Day) 1892 (Year)

8. AGE: Years 56 | Months 5 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace WINFIELD (R.F.D.) Mo. (City, town, or county) (State or foreign country)
10. Usual occupation FARMING
11. Industry or business
FATHER
12. Name ROBERT GRAVENS 0
13. Birthplace LINCOLN Co.-Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ELIZABETH JAMISON
15. Birthplace LINCOLN Co. — Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Robert Gravens
(b) Address WINFIELD, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation BRAY CEM.
18. (a) Signature of funeral director [signature]
(b) Address Elsberry Mo.
19. (a) 5-27-48 (Date received local registrar) (b) [signature] (Registrar's signature) 16

MEDICAL CERTIFICATION
20. DATE OF DEATH: APPROXIMATE Month MARCH day 7
year 1948 hour ? minute ? M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Accidental drowning	
Due to (Coroners Jury Verdict)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 183	
Of autopsy 36	

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 57
(b) Date of occurrence ? March 6, 1948
(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 Dr. V. E. Altholz (M. D. or other) DO
Address Lincoln County Coroner Date signed 5/26/48
Troy, Mo.

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed ..... JUN 16 1948

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.....

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.