

FILED JUL 15 1948

Registration District No. **240**

Primary Registration District No. **4358**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Lilbourn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)
In this community 4 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Graves

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: December 25 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Columbus, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Jerdan Wade 9
13. Birthplace Unknown. (City, town, or county) (State or foreign country)
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Matt Osborn.

(b) Address Lilbourn, Missouri.

17. (a) Burial (b) Date thereof 6-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sand Hill

18. (a) Signature of funeral director Ponder Funeral Home

(b) Address Lilbourn, Missouri.

19. (a) 6-19-48 (b) H. L. Bondar
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72
(c) City or town Lilbourn 720 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1948 hour 4 minute 30

21. I hereby certify that I attended the deceased from 6-10-48
1948 to 6-13-48 1948
that I last saw her alive on 6-12
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke Heart Duration _____

Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 92 D PHYSICIAN
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) 0
Means of injury _____

23. Signature H. L. Bondar M. D. or other _____
Address Lilbourn 7110 Date signed 6-25-48

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

MOTHER FATHER

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 *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *Lilbourn, 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.