

FILED JUL 10 1948

Registration District No. 258

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4390

State File No. 20276

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Osage
 (b) City or town Meta Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 60 years (Month) (Year) (Specify whether
 years) (months or days)

3. (a) PRINT FULL NAME AUGUST T. GRAFE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Elizabeth Grafe 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased September 2, 1870 (Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 13 If less than one day hr. 4 min. 4

9. Birthplace Hockel Germany (City, town, or county) (State or foreign country)

10. Usual occupation Retired Plaster & mason

11. Industry or business _____

12. Name Theodore Grafe 4

13. Birthplace Hockel Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name Mary Phillips

15. Birthplace Hockel Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Grafe

(b) Address Meta Missouri

17. (a) Buried (b) Date thereof June 17 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Cecilia Cemetery

18. (a) Signature of funeral director H. Strop
 (b) Address Meta Mo

19. (a) 6-15-48 (b) Rose Rowan (Date received local registrar) (Registrar's signature) (E)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76
 (c) City or town Meta Missouri 6
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? yes (Yes or No) 0
 If yes, name country Hockel Germany

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
 year 1948 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from Dec. 17, 1947 to June 14, 1948;
 that I last saw him alive on June 14, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration _____

Due to Arteriosclerosis

Due to Cachexia

Due to Pulmonary Congestion

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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) (e) Means of injury 2 D.O.

23. Signature R. S. W. Doster (M. D. or other) June 15 1948
 Address Meta Mo Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1945
AUG 4 1945
AUG 4

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 *X H Shop*

Licensed Embalmer No. *2924*

P. O. Address *Weto 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.