FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 22827

Registrar's No. 662

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: IIII Pas City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One week (Specify whether
In this community All her life.
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. IIII West Paciffic St 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lillian Catherine Graff.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Not Married.

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

7. Birth date of deceased November (Month) 8 (Day) 1907 (Year)

8. AGE: Years 40 | Months 9 | Days 0 | If less than one day ... hr. ... min.

9. Birthplace Secora Mississippi. (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business Home

FATHER
12. Name Herman C. Graff.
13. Birthplace Brooke N.Y. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Frances Prince.
15. Birthplace Mississippi. (City, town, or county) (State or foreign country)

16. (a) Informant Hellen Perry.
(b) Address IIII West Pacific St.

17. (a) Burial Aug 10 1948 (Burial, cremation, or removal) (b) Date thereof Aug 10 1948 (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Mo.

19. (a) 8-12-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1948 hour 11 minute 10 A M.

21. I hereby certify that I attended the deceased from May 15, 1948, to Aug 8, 1948 that I last saw h. alive on Aug 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Myocarditis Chronic	6 months
(2) Myocardial Failure Acute	1 week
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 G. G. Bechtold M.D. (M. D. or other) M.D.

Address 163014 Jefferson Springfield 2 Mo. Date signed 9 Aug 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo

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

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