

No. 2  
-5-43  
-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28986  
Registrar's No. 1047

Registration District No. 42 Primary Registration District No. 5134

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph, Washington Twsp  
(c) Name of hospital or institution:  
R. R. # 2, St. Joseph  
(d) Length of stay: In hospital or institution 3 months  
In this community 3 months

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph (Rural)  
(d) Street No. R. R. # 2  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Maud Ann Graves  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 30  
year 1948 hour 12 minute P, PM  
21. I hereby certify that I attended the deceased from  
Sept 30th 48 to 19  
that I last saw h. alive on 19  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John  
6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased August 14 1876

Immediate cause of death Suicide by Hanging  
Due to  
Due to  
Other conditions  
Major findings:  
Of operations  
Of autopsy  
1640

8. AGE: Years Months Days If less than one day  
72 1 26

9. Birthplace Andrew County Missouri  
10. Usual occupation at Home

11. Industry or business ---  
12. Name Jackson Fuller  
13. Birthplace Andrew County Missouri  
14. Maiden name Emma Williams  
15. Birthplace Unk

16. (a) Informant Mr. Ernest Graves  
(b) Address R.R. #2, St. Joseph, Mo.  
17. (a) removal (b) Date thereof 10-2-48  
(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director Stacey General Home  
(b) Address St. Joseph, Missouri  
19. (a) 10-5-48 (b) E. L. Jenkins

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence Sept 30th 1948  
(c) Where did injury occur? Rural St Joseph, Mo.  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
While at work? No Means of injury Hanging  
23. Signature B. W. Tadlock Coroner  
Address KING HILL BLDG Date signed 10/1/48

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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.....

*George A. Kiefer*

....., Registered Apprentice No. *264*

working under my personal supervision.

Signed.....

*John Roy Stamey*

Licensed Embalmer No. *2435*

P. O. Address. *St. Joseph*

**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.**