

FILED SEP 20 1948

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
1111 W. Pacific St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 31 Years (Specify whether years, months or days)

In this community 31 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37

(c) City or town Springfield
(If outside city or town limits, write "RURAL") 1

(d) Street No. 1111 W. Pacific St. 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Herman Charles Graff

3. (b) If veteran, name war none

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 Mary F. Graff

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased August 24, 1878
(Month) (Day) (Year)

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

70	0	23	hr. min.
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9. Birthplace Brooklyn, New York /
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Policeman

MOTHER FATHER {

12. Name Herman Graff

13. Birthplace unknown New York /
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Perry

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 9/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield, Missouri

19. (a) 9-18-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17th
year 1948 hour 9:50 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 11 Sept 48 to 17 Sept 48.

that I last saw him alive on 17 Sept 48 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular disease

Due to former hypertensive followed by hemiplegia, left 1/2 of body

Other conditions arteriosclerosis - arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none 9312

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? 0

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

23. Signature [Signature] (M. D. or other) MD

Address 6630 N. Jefferson Ave Date signed 17 Sept 48
Springfield 2, Mo.

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..... *Fred C. Thieme*

Licensed Embalmer No. 2899.....

P. O. Address Springfield, Missouri......

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.