

No. 2
5-43
17-39
X36671

FILED NOV 6 1948

Registration District No. 1

Primary Registration District No. 5003

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural - Cassville Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Rural - Cassville Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Penn Graber

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Missouri E. Graber 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased. Dec 7 - 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 | 9 | 19 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Alexander Graber

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Forest

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Missouri E. Graber

(b) Address Cassville Mo. R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31 - 48
(Month) (Day) (Year)

(c) Place: burial or cremation Exter. Maple wood

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

(b) Address Wheaton Mo

19. (a) Oct 29 - 1948 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1948 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct - 26
2:30 a.m. 1948, to Oct - 26 - 5 a.m. 1948
that I last saw him alive on Oct - 26 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Anginal Pectoris 2 1/2 hrs.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 94B

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) (e) Means of injury 0

23. Signature O. S. McCall (M. D. or other) _____
Address Wheaton Mo. Date signed 10/27/48

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

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

RECEIVED
District Health Officer No. 6;
District File Number 1148-1232
Date Filed 11-4-48

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 G. E. Culver
Licensed Embalmer No. 3584
P. O. Address Cassville 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.