FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 10 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39455

State File No.

Registration District No. 42

Primary Registration District No. 5134

Registrar's No. 1415

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: Rural Washington Twm.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: On water works rd 3½ mi so. Co. line
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: most of life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R. F. D. # 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Virgil Franklin Graves
3. (b) If veteran, name war: No
3. (c) Social Security No.: 491-22-4636
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: ##
6. (c) Age of husband or wife if alive: ## years
7. Birth date of deceased: August (Month) 2 (Day) 1898 (Year)

8. AGE: Years 49 Months 11 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace: Andrew County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: --

MOTHER FATHER
12. Name: John Henry Graves
13. Birthplace: Andrew County (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Maude Ann Fuller
15. Birthplace: Andrew County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mr. Ernest Graves
(b) Address: R. R. # 2, St. Joseph, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 1-3-49 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Cemetery
18. (a) Signature of funeral director: Stamey Funeral Home
(b) Address: St. Joseph, Missouri
19. (a) 1-5-49 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1948 hour -- minute ..... M.
21. I hereby certify that I attended the deceased from Dec. 31, 1948 to ..... 19..... ; that I last saw him alive on ..... 19..... ; and that death occurred on the date and hour stated above.

Immediate cause of death: Suicide from by hanging — Duration
Due to: ..... — Duration
Due to: ..... — Duration
Other conditions (Include pregnancy within 3 months of death): ..... — Duration

Major findings:
Of operations: ..... — Duration
Of autopsy: 1640 — Duration

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): Suicide
(b) Date of occurrence: unkown
(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: 3
23. Signature: Bill Todd at Coroner (M. D.)
Address: St. Joseph, Mo. Date signed: 1/4 '49

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1949

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 Charles M. Harman

Licensed Embalmer No. 4487

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.