

FILED JAN 21 1949

# STANDARD CERTIFICATE OF DEATH

State File No. **42517**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **169** PRIMARY REG. DIST. NO. **4238** Registrar's No. **317**

1. PLACE OF DEATH a. COUNTY <b>Knox</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Edina</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Edina</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Maria</b>	b. (Middle)	c. (Last) <b>Gragg</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 31 1948</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May-28-1871</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Knox County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Samuel Boicourt</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Linville</b>	14. NAME OF HUSBAND OR WIFE <b>Geo. T. Gragg</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bessie Skaller</b>	ADDRESS <b>Edina, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>50 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Paralysis from Brain Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertention</b>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 1st, 1948** to **Dec 31, 1948**, that I last saw the deceased alive on **Dec 31, 1948**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. E. Luman M.D.</b>	23b. ADDRESS <b>Edina Mo</b>	23c. DATE SIGNED <b>Jan 2, 1949</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan-2-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Linville</b>	24d. LOCATION (City, town, or county) (State) <b>Edina Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>1-4-49</b>	REGISTRAR'S SIGNATURE <b>Nellie S. Wunnet</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Keith Hudson</b>	ADDRESS <b>Edina Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Gene K. Haller*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Keith Hudson*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *2415*

P. O. Address *Edina, Minn.*

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.

*Gene K. Haller*