

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17220
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 3406 Wyandotte Registered No. 1917
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Margaret V. Graham
 (a) Residence, No. 3406 Wyandotte St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Graham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS 60 MONTHS DAYS IF LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hanover, Kansas
 (STATE OR COUNTRY)

FATHER 13. NAME Edward McGurk
 14. BIRTHPLACE (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME No Record
 16. BIRTHPLACE (CITY OR TOWN) No Record
 (STATE OR COUNTRY)

17. INFORMANT Paul Graham
 (ADDRESS) 3406 Wyandotte

18. BURIAL, CREMATION, OR REMOVAL PLACE Hanover, Ks. DATE 5/9/38

19. FUNERAL DIRECTOR (NAME) Quirk & Tobin Co.
 (ADDRESS) Kansas City, MO.

20. FILED May 8 1938 M. M. Grooms
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7 .1938

22. I HEREBY CERTIFY, That I attended deceased from August, 1937, to May 7, 1938

I last saw her alive on May 4, 1938. Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset 1936
46 yrs

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? X-Ray Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) Dubin M Parker, M. D.

(Address) 736 Argyle

DEPARTMENT OF HEALTH OF THE STATE OF CALIFORNIA
POLICE AND MARINE TO CORONER
OFFICE OF THE STATE CORONER

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.