

REC'D FEB 23 1939

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

2705  
Do not use this space.

1. PLACE OF DEATH <sup>2</sup>  
(a) County Jasper Registration District No. 417  
(b) Township Joplin Primary Registration District No. 3021  
(c) City Webb City (d) Street No. 224 S. ROANE. St. 6  
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Walter C Graham  
(a) Residence, No. 224 S Roane St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 10 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Powder worker

9. Industry or business in which work was done, as saw mill, bank, etc. Powder mill

10. Date deceased last worked at this occupation (month and year) 1/1/39 11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson County Mo.

FATHER 13. NAME Joseph Graham  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Laura Mass  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Ora Graham (Wife)  
(ADDRESS) Webb City Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Sanovic Mo DATE 1/10/39

19. FUNERAL DIRECTOR Hedge-Nelson  
(ADDRESS) Webb City Mo

20. FILED JAN. 10. 39 19 R. P. Schett, M. D.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1939

I HEREBY CERTIFY, that I attended deceased from Jan 4 1939 to Jan 7 1939  
I last saw him alive on Jan 6 1939. Death is said to have occurred on the date stated above, at 6:00 P.M.

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

Cerebral Hemorrhage Date of onset 1/4/39

Other contributory causes of importance:

Arterio sclerosis - (Cardio Renal Disease)

Name of operation clinical Date of 15/39  
What test confirmed diagnosis? clinical 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 1939

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?  
If so, specify

(Signed) R. H. Loomis, M. D.  
Webb City Mo  
377 (Address)

RECEIVED

District Health Officer No. 6,

District File Number 6-39-403

Date Filed FEB 17 1939

*W. H. ...*

STATEMENT BY LICENSED EMBALMER

I, E. W. Hedge, Licensed Embalmer No. 2859

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. W. Hedge

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed E. W. Hedge

Licensed Embalmer No. 2859

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.)