

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

2A 11B
Do not use this space.

REC'D JUL 10 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2384
 (c) City Kansas City, Mo. (d) Street No. St. Luke's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Edwin Hall Graham,
 (a) Residence, No. 5410 State Line, K. C., Kansas. St. (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 (OR) WIFE OF Mrs. Lois Graham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.
<u>65</u>	<u>n</u>	<u>5</u>	<u>11</u>	

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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan /
 13. NAME Duncan E. Graham /
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York /

MOTHER
 15. MAIDEN NAME Susan Katherine Hall /
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York /

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1939

22. I HEREBY CERTIFY, that I attended deceased from June 4, 1939, to June 10, 1939
 Last saw him alive on June 9, 1939. Death is said to have occurred on the date stated above, at 6:00am.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis
g a
 Other contributory causes of importance:
Diabetes Mellitus
Arteriosclerosis
Myocarditis

Name of operation..... Date of.....
 What test confirmed diagnosis Cholesterol Was there an autopsy? No

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 H. P. Bryson M.D.
 (Address) 1116 Pitt Bldg. K.C. Mo.

17. INFORMANT Edwin Hall Graham, Jr.
 (ADDRESS) 5410 State Line, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE June 12, 1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure
 (ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED June 11, 1939 M. M. Brown
 Local Registrar.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.