

St. Paul, Minn.

40465

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 651

Primary Registration District No. 5862

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Couthouseville Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Near Blue Town. Mo. 2
(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 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Couthouseville Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Near Blue Town.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Joe. John. Graham

8. (b) If veteran ✓ name war _____

8. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 year 1939 hour 8 minute 43 P. M.

21. I hereby certify that I attended the deceased from Nov 12, 1939, to Nov. 13, 1939.
that I last saw him alive on Nov. 13, 1939 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis Graham

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Nov. 7 1919
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>0</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Mac mor co Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Will Graham

18. Birthplace Selmer Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Adriana Sandys

15. Birthplace Selmer Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis Graham.

(b) Address Couthouseville Mo.

17. (a) Burial (b) Date thereof 11-15-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Mo.

18. (a) Signature of funeral director H. J. Smith

(b) Address Couthouseville Mo.

19. (a) Nov. 13, 1939 (b) Ada Martin
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Geo. W. Shipps (M.D. or other) _____

Address Couthouseville (City or town)

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.

DEC 12 1939

1 X1981

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 11-27-39

APR 2 1958

APR 2 1958

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.