

Registration District No. 73 Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Bonne
(b) City or town Calverton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bonne County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Vernon H Graham

8. (b) If veteran, name war World War 8. (c) Social Security No. 650

4. Sex M 5. Color or race W 8. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Aug 24 - 1888
(Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 13 If less than one day hr. min.

9. Birthplace High Hill Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant - Furniture

11. Industry or business

12. Name Vernon H Graham

13. Birthplace Missouri Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Graham

15. Birthplace Missouri Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Stephene Graham Clark

(b) Address Columbia, Mo.

17. (a) Buried (b) Date thereof 1-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Airy Ep. Burial

18. (a) Signature of funeral director Clifford
(b) Address Mount Airy, Mo.

19. (a) 1/8/40 (b) Allie Salby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 7
year 1940 hour 4 minute 0 P M.

21. I hereby certify that I attended the deceased from 1-6
1940 to 1-7 1940
that I last saw him alive on 1-7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to Hypertension Diabetes Not Known

Due to Uremia 59

Other conditions (Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy None

PHYSICIAN

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) no
(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 1

23. Signature Hubert (M. D. or other) ✓
Address Columbia MO Date signed 1/8/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1940 FEB 6

30
4

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 as I
7 day of Jan. 1940, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 1487

P. O. Address Montgomery City, Md.

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.