

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 79

1. PLACE OF DEATH:

(a) County BUCHANAN FILED FEB 12 1941
(b) City or town ST. JOSEPH.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1206 - SIXTH - AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9
In this community abt 37 yrs. (Specify whether years, months or days)

8. (a) PRINT FULL NAME ASA-CASWELL-GRAHAM.

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex MALE 5. Color or race Wht 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Effie 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased APRIL 7 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 17 hr. min.

9. Birthplace Clarksdale MS
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business Carpenter Work

12. Name Robert M. Graham

13. Birthplace Hoover MS.
(City, town, or county) (State or foreign country)

14. Maiden name Joseph Jane Hall

15. Birthplace Jacksboro MS.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clyde Carrel

(b) Address Clarksdale MS

17. (a) Burial (b) Date thereof 1-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wht Nova Cemetery

18. (c) Signature of funeral director Roy Stoney

(b) Address St Joseph MS

19. (c) 1/26/40 (b) H. J. Kestebush
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUCHANAN
(c) City or town ST JOSEPH.
(If outside city or town limits, write "RURAL")
(d) Street No. 1206 - SIXTH - AVE.
(If rural, give location)
(e) If foreign born, how long in U. S. A. --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1940 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 24, 1940 to same, 19---; that I last saw him alive on 1/24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Went to Indigestion Duration

Due to Eating Peas

Due to ---

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

Major findings: Of operations --- PHYSICIAN

Of autopsy no 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

85 Signature J. F. Stoney (M. D. or other)
Address 222 1/2 Joseph Ave Date signed 1/27/40

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

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 _____

John H. Hurley

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

John H. Hurley

Licensed Embalmer No. *40507*

P. O. Address *2325 St Joseph St*

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.