

U. S. No. 2
M-11-10-39
Rev. 5-17-39
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10230

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 12 1940
85

1001

Registrar's No. 311

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 324 W. Indiana
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)

8. (a) PRINT FULL NAME WAYNE A. GRAHAM

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife HELEN GRAHAM 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased JUNE 3 1902
(Month) (Day) (Year)

8. AGE: Years 37 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Jameson Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Resort Keeper

11. Industry or business _____

12. Name Chas. W. Graham

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

14. Maiden name CHLOE BRUCE

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

16. (a) Informant Mrs. Chloe Graham
(b) Address Gallatin Mo.

17. (a) Burial (b) Date thereof 3 19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jameson Mo.

18. (a) Signature of funeral director Hope Furr & Muth Co
(b) Address Gallatin Mo
19. (a) 3/17/40 (b) H J Muth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Davies
(c) City or town Gallatin
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 17
year 1940 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 30, 1936, to Mar 17, 1940
that I last saw him alive on Mar 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Primary Tubercular

Duration

3 wks
4 yrs

Due to _____

Due to 23

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

Major findings: Of operations ✓

Of autopsy ✓

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) _____

(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 Floyd E. Nelson M. D. or other 3

Address Gallatin Mo Date signed 3-17-40

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

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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

L. O. Richesson

Licensed Embalmer No.

3302

P. O. Address

Gallatin, Mo.

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.