

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

**21277**  
Do not use this space.

1. PLACE OF DEATH 3  
0

(a) County Buchanan Registration District No. 85

(b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 682

(c) City St. Joseph (d) Street No. State Hospital # 2 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 27 yrs. 0 moa. 0 da. (f) How long in U. S., if of foreign birth? yrs. moa. da.

2. PRINT FULL NAME Emma Nora Graham

(a) Residence, No. \_\_\_\_\_ St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Crescent Graham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12, 1868</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>1</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rolla Co, mo</u>		
FATHER	13. NAME <u>Swank</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>	
MOTHER	15. MAIDEN NAME <u>unk.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>Records State Hosp # 2</u> (ADDRESS)		
18. BURIAL CREMATION, OR REMOVAL PLACE <u>Grundy Co</u> DATE <u>June 25, 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Phos C Schmale</u> <u>Grundy Co</u>		
20. FILED <u>6/24</u> 19 <u>40</u> <u>H. Mestelbusch</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to June 22, 1940

I last saw her alive on June 22, 1940 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Diabetes mellitus

54

Other contributory causes of importance:

Arteriosclerotic Heart Disease

b-15-40

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Chemical 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 \_\_\_\_\_

(Signed) A. P. Johnson \_\_\_\_\_, M. D.

85 (Address) State Hosp # 2  
St Joseph, mo.

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 Paul E. Schaefer

Licensed Embalmer No. 3103

P. O. Address Spokane, 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.**