No. 2
4-13-40
-17-39
X23159

6

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35836

NOV 25 1940

Registration District No. 565 Primary Registration District No. 5761a Registrar's No. 42

1. PLACE OF DEATH:
(a) County Miller Mo
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Brumley, Mo. R#2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LOUELLEN GRAHAM

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Graham
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Nov. (Month) 2 (Day) 1870 (Year)

8. AGE: Years 70 Months Days 2 If less than one day hr. min.

9. Birthplace Ulman, Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper 1
11. Industry or business 1
FATHER
12. Name Hezekiah Hendricks
13. Birthplace Penn
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucy Jane Hartan
15. Birthplace Va
(City, town, or county) (State or foreign country)
16. (a) Informant George Graham
(b) Address Brumley
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Gatt Cem. Ulman, Mo
18. (a) Signature of funeral director C. L. Casey
(b) Address Iberia, Mo.
19. (a) Nov. 14 1940 (Date received local registrar) (b) C R Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1940 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 1, 1940, to Nov 4, 1940
that I last saw her alive on Nov 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertension

Due to Nephrosis

Other conditions (Include pregnancy within 3 months of death) 94 P.

Major findings:
Of operations
Of autopsy

Duration

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?
408 (Specify type of place)
While at work? (e) Means of injury
23. Signature W. J. Allee (M. D. or other)
Address Eldon Mo Date signed 11/12/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 40-109
Date Filed 11/20/40

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 B. L. Bassett

Licensed Embalmer No. 2694

P. O. Address Iberia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.