DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 12 1940

Registration District No. 26

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38029

Primary Registration District No. 3002

Registrar's No. 155

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Mineola Mo.
(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.

3. (a) PRINT FULL NAME BENJAMIN RICHARD GRAHAM
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband~~ or wife Emma BAKER GRAHAM
6. (c) Age of ~~husband~~ or wife if alive 72 years
7. Birth date of deceased Nov. (Month) 24 (Day) 1867 (Year)
8. AGE: Years 73 Months ____ Days 6 If less than one day ____ hr. ____ min.
9. Birthplace MINEOLA (City, town, or county) MO. (State or foreign country)
10. Usual occupation FARMER 0
11. Industry or business 0
MOTHER FATHER
12. Name D.F. GRAHAM. 0
13. Birthplace MINEOLA (City, town, or county) MO. (State or foreign country)
14. Maiden name SUSAN WHITE
15. Birthplace DANVILLE (City, town, or county) MO. (State or foreign country)
16. (a) Informant MRS EMMA BAKER GRAHAM
(b) Address MINEOLA MO.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 4 1940 (Month) (Day) (Year)
(c) Place: burial or cremation NEW FLORENCE MO
18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery city MO
19. (a) Nov 30-1940 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

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

	Duration
Immediate cause of death Shock	
Automobile accident	
~~due to~~	
Due to Dislocation R. hip fracture	
L. hip, fracture of pelvis	
Due to fracture of Ribs (both sides)	
Other conditions Hypertension, pyelonephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy No

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) Accident
(b) Date of occurrence 11-30-1940
(c) Where did injury occur? Mineola Montgomery Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place Mineola Mo.
While at work? No. (Specify type of place) (e) Means of injury Automobile
23. Signature James O. Helm (M. D. or other)
Address New Florence Mo. Date signed 11-30-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-40-2286
Date Filed DEC 11 1940

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 in the 30th day of Nov 1940, Registered Apprentice No. ..... working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 148

P. O. Address Montgomery Ala

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, fact should be so stated above.

No. 2B
—2-21-40
I X22659

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. 38029

Registration District No. 26 Primary Registration District No. 3002 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico Mo
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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.

3. (a) PRINT FULL NAME Benjamin Richard Graham

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

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

8. AGE: Years 73 Months — Days 6 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Automobile Accident	2½ hrs.
Due to Dislocation of hip	
Fracture of hip	
Due to Fracture of Pelvis	
Fracture of ribs	
Other conditions (Include pregnancy within 3 months of death) both sides	
Hypertension Pyelo	
Major findings: Of operations nephritis	
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) accident

(b) Date of occurrence 11-30-1940

(c) Where did injury occur? Mineola Montgomery Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? Cranking own car which ran over him was his own car,

(e) Means of injury

23. Signature J. O. Helm (M. D. or other)

Address New Florence Mo Date signed 1/29/41