

Registration District No. **24/101940**

Primary Registration District No. **4230**

Registrar's No. **71**

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs.
(Specify whether years, months or days)

In this community always
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FLOYD HOUSTON GRAHAM

3. (b) If veteran, name war _____

3. (c) Social Security No. 488-18-2714

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Belva Jane Graham

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased January 29 1901
(Month) (Day) (Year)

8. AGE: Years 39 Months 10 Days 3
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Columbus S. Graham

13. Birthplace Madison County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sophronia Ellen Matthews

15. Birthplace Madison County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Belva Graham

(b) Address Rt. 1, City

17. (a) Burial (b) Date thereof 12-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Vine Cemetery

18. (a) Signature of funeral director Stanley H. A. Smith

(b) Address Fredricktown Mo.

19. (a) Dec-1-40 (b) Julia A. Gunters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Rural Route #1
(If outside city or town limits, write "RURAL")

(d) Street No. Cedar Bottom
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st
year 1940 hour 12:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 1st, 19____, to Dec 1st, 19____;
that I last saw him alive on Dec. 1st, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia, bronchial Duration 24 hrs.

Due to _____

Due to 1. D. T. W.

Other conditions acute enteritis
(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) Manner of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Ironton, Mo. Date signed 12-3-40

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

Registered Apprentice No.

working under my personal supervision.

Signed

William B. O'Connor

Licensed Embalmer No.

3975

P. O. Address

Fredericktown, Md

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.