

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38868**

Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **210**

I. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1610 So. Main St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days 7

8. (a) PRINT FULL NAME Mary Margaret Graham  
8. (b) If veteran, name war none  
8. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Hiram Graham 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 7, 1850  
(Month) (Day) (Year)

8. AGE: Years 89 Months 11 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home 0

11. Industry or business \_\_\_\_\_

12. Name Jacob Poirer

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

14. Maiden name Susan C. Adams

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

16. (a) Informant Mr. Hiram Craig

(b) Address 1610 So. Main St.

17. (a) Burial (b) Date thereof Nov. 17, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Fork Cem. Cass County, Mo.

18. (a) Signature of funeral director Ronald Burges

(b) Address 4 Harrisonville, Mo.

19. (a) Nov. 15, 1940 (b) E. J. McIntire, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper  
(c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
Street No. 1610 So. Main St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15  
year 1940 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 8,  
Nov 8, 1940 to Nov. 15, 1940;  
that I last saw her alive on Nov. 15, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death acute intestinal obstruction  
Duration 7 days

Due to Senility  
Due to 31

Other conditions Myofibrosis nephritis, chronic  
(Include pregnancy within 6 months of death)

Major findings: Of operations none  
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) \_\_\_\_\_  
(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? SI

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature E. J. McIntire (M. D. or other) \_\_\_\_\_  
Address Carthage Mo. Date signed 11/15/40

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

FILED DEC 11 1940

40-12-643

**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

*Ernest Remminger*

Licensed Embalmer No.

3368

P. O. Address

*Harrisonville, 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.**