

**FILED FEB 14 1941**

Registration District No. **159**

Primary Registration District No. **4093**

Registrar's No. **21**

**1. PLACE OF DEATH:**

(a) County Cass  
(b) City or town Strasburg Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 43 yrs  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cass  
(c) City or town Strasburg Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 25  
year 1941 hour 5 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 12-23, 1940, to 1-25, 1941;  
that I last saw hER alive on 1-25, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anaemia  
Due to \_\_\_\_\_  
Due to acute Myocarditis  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration  
About 2 yrs

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? 150  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature W. Beckman (M. D. or other) D  
Address Strasburg Mo Date signed 1/26/41

3. (a) PRINT FULL NAME Maggie D. Graham  
8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced 2 widowed  
6. (b) Name of husband or wife Robert G. Graham 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March-22-1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bellevue, Cass Co - Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House-keeper

11. Industry or business \_\_\_\_\_  
12. Name L. S. Woolery  
18. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name M. J. Collier  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant P. J. Yessie  
(b) Address Strasburg, Mo

17. (a) Burial (b) Date thereof 1-27-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Strasburg Mo

18. (a) Signature of funeral director W. Beckman

(b) Address Pleasant Hill Mo  
19. (a) 1-26-41 (b) W. Beckman, M.D.  
(Date received local registrar) (Registrar's signature)

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

19  
00  
00

**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.....

*A. A. Noflinger*, Registered Apprentice No. ....  
working under my personal supervision.

Signed *A. A. Noflinger*.....

Licensed Embalmer No. *2928*.....

P. O. Address *Cheasant Hill Pa*.....

**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.**