. No. 2
-4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17057 1719

Registration District No. 399 Primary Registration District No. 102 Registrar's No.

18
38
8

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 37 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 1107 Linwood Blvd. Cornell Hotel
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Charles Edgar Graham

3. (b) If veteran, name war No

3. (c) Social Security No. 494-12-5913A

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Eva Graham

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August (Month) 27 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
71	8	3	hr. min.

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

10. Usual occupation Druggist

11. Industry or business State Drug Inspector

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

MOTHER
14. Maiden name Savine Swanger
15. Birthplace Milroy / Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Graham
(b) Address 1107 Linwood Blvd. Cornell Hotel

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 2, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) May 1, 1941 (Date received local registrar) (b) M. R. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th year 1941 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from 4-26-41, 19..., to 4-30-41, 19...; that I last saw him alive on 4-30-41, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive cardio-vascular renal disease	
Due to: cereb al hemorrhage	
Due to: 121	
Other conditions (Include pregnancy within 3 months of death): 121a	

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

23. Signature Irving R. Shoop (M. D. or other)
Address Med. Dir/K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C. 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.