No. 2
-1-4-41
-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18275

Registration District No. 470 Primary Registration District No. 5633 Registrar's No. 79

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Mt. Vernon, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 316 days (Specify whether years, months or days)
In this community: 316 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pemiscot

(c) City or town: Holland
(If outside city or town limits, write "RURAL")

(d) Street No.:
(If rural, give location)

(e) Citizen of foreign country?: (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Tennessee Frances Ford

3. (b) If veteran, name war: No

3. (c) Social Security No.: Unknown

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: March (Month) 22d (Day) 1891 (Year)

8. AGE: Years 50 Months 2 Days If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: James Monroe Grahan
13. Birthplace: Anapolis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Sylvania Ellen Johnson
15. Birthplace: Centerville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: E. McMichael, Record Clerk
(b) Address: Missouri State Sanatorium

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: May 21 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Steele Mo

18. (a) Signature of funeral director: J. L. German
(b) Address: Steele Mo

19. (a) 5-21-1941 (Date received local registrar) (b) P.A. Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1941 hour 2:00 minute A M.

21. I hereby certify that I attended the deceased from July 10th 1940 to May 21 1941; that I last saw her alive on May 20th 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis	About 3 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Tuberculous enteritis & peritonitis	

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: (M. D. or other) M.D.
Address: Mt. Vernon, Mo Date signed 5/21/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 641-885
Date rec'd JUN 6 1949

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.....

Licensed Embalmer No.....

P. O. Address.....

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.