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-39
23159
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Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 547

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Mo

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

(d) Length of stay: In hospital or institution 19 days
(Specify whether years, months or days)

In this community 19 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton

(c) City or town Cameron Mo
(If outside city or town limits, write "RURAL")

(d) Street No. So Walnut
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Wm Thomas Graham

3. (b) If veteran; name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd year 1941 hour six minute 15 A. M.

21. I hereby certify that I attended the deceased from May 4, 1941 to May 23, 1941; that I last saw him alive on May 22, 1941; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Leona

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Feb 9, 1884
(Month) (Day) (Year)

Immediate cause of death Intestinal (colon?) hemorrhage Duration 1 wk.

Due to Unknown - tumor ??

Due to 11/10

3. AGE: Years Months Days If less than one day

57 3 14 hr. min.

9. Birthplace DEKALB Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions Ruptured gastric ulcer 20 days
(Includes pregnancy within 3 months of death)

Major findings: Generalized peritonitis
Ruptured gastric ulcer
Gen. peritonitis

Of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name Henry Graham

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

14. Maiden name Mary Jenkins

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

16. (a) Informant Gordon C. Graham

(b) Address Cameron Mo

17. (a) Removal (b) Date thereof 5-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron Mo

18. (a) Signature of funeral director C. Moore

(b) Address Cameron, Mo.

19. (a) May 23, 1941 (b) H. Westbush
(Date received local registrar) (Registrar's signature)

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?
85

(Specify type of place) (e) Means of injury Om. V

23. Signature Clayton Worthy (M. D. or other)

Address St. Joseph Mo. Date signed 5-23-41

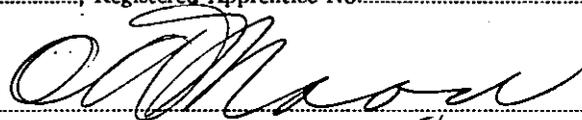
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

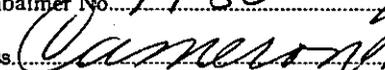
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.
working under my personal supervision.

Signed



Licensed Embalmer No. 1180

P. O. Address. 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.