

FILED AUG 18 1941

Registration District No. **561**

Primary Registration District No. **5-75-5-**

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

1. PLACE OF DEATH:
 (a) County **Miller**
 (b) City or town **Eldon—Rural Saline Twp**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1**
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME **Albert Tilton Graham**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Janie Graham**
 6. (c) Age of husband or wife if alive **55** years
 7. Birth date of deceased **September 25 1881**
(Month) (Day) (Year)

8. AGE: Years **59** Months **9** Days **14**
 If less than one day hr. _____ min. _____

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Graham**

13. Birthplace **Missouri**
(State or foreign country)

14. Maiden name **Jane Boltz**

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

16. (a) Informant **Janie Graham**

(b) Address **Eldon, Missouri**

17. (a) **Burial** (b) Date thereof **7-11-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gott Cemetery**

18. (a) Signature of funeral director **Phillips Funeral Home**

(b) Address **Eldon, Missouri**

19. (a) **7-10-41** (b) **Belle Haynes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **066**
 (a) State **Missouri** (b) County **Miller**
 (c) City or town **Eldon "Rural"**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Saline Township**
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **9**
 year **1941** hour **4** minute **45 P.M.**

21. I hereby certify that I attended the deceased from _____, 1941, to **July 9**, 1941
 that I last saw him alive on **July 3**, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Stomach**

Due to _____
 Due to **46B**

Other conditions **(Include pregnancy within 3 months of death)**

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? _____

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

23. Signature **W. L. Allen** B. or other _____
 Address **Eldon, Mo.** Date signed **7/14/41**

RECEIVED
Miller County Health Dept.
County File Number 41-90
Date Filed 8/14/41

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.....

Louis D. Phillips

Registered Apprentice No.....

working under my personal supervision.

Signed *Louis D. Phillips*

Licensed Embalmer No. 3663

P. O. Address Eldon

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, fact should be so stated above.