DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27736

Registration District No. 29.

Primary Registration District No. 5048

Registrar's No. 89

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

1. PLACE OF DEATH

(a) County Barry

(b) City or town R.F.D. Jenkins Ind.
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town R#1 Jenkins 0
(If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jeanett Ann Graham

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

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

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

7. Birth date of deceased March (Month) 11 (Day) 1860 (Year)

8. AGE: Years 81 | Months 2 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Hamilton (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Invalid

11. Industry or business .....

MOTHER FATHER
12. Name Ambrose Johnson
13. Birthplace ..... (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Polly Sofia Fullerton
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant George A. Graham
(b) Address Jenkins Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation Marionville Cem.

18. (a) Signature of funeral director Koon Funeral Home
(b) Address Cassville Mo.

19. (a) 5-22-1941 (Date received local registrar) (b) Geo. W. Newman, M.D. (Registrar's signature) By M.M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from May - 12 to ....., 19...., to May - 14 - 1941 that I last saw her alive on May - 14 - 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiovascular renal disease	20 yr.
Due to senility.	
Due to	
Other conditions none. (Include pregnancy within 3 months of death)	
Major findings: Of operations none.	
Of autopsy none.	

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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 H. L. Kerr (M. D. or other)

Address Crane Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 941-1508
Date Filed SEP 15 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed ~~by me, or by~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address Cassville, Mo.

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.