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10-39
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K21492

FILED DEC 4 1941

Registration District No. 274

Primary Registration District No. 4063

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Paducah, Miss
(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 5 weeks (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Elsie Graham
3. (b) If veteran, name war _____ 3. (c) Social Security No. NO

4. Sex M. A. 5. Color or race W.C.
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 10 1922
(Month) (Day) (Year)

8. AGE: Years 19 Months - Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Dom Labor

11. Industry or business no

MOTHER FATHER

12. Name Tommy Graham
13. Birthplace Miss (City, town, or county) (State or foreign country)
14. Maiden name Nancy Schanley
15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant Erwin Mitchell
(b) Address Elkhorn 910

17. (a) _____ (b) Date thereof 10 13 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Catons

18. (a) Signature of funeral director L. M. Hill
(b) Address Elkhorn 910

19. (a) Oct 11/41 (b) E. E. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Miss (b) County White
(c) City or town Houston (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1941 hour 9 minute 4M

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Broken back
let

Due to Auto hitting bridge
Due to _____

Other conditions left arm broken, cut on
(include pregnancy within 3 months of death)
hit face

Major findings: _____
Of operations. _____
Of autopsy. 170 g.

Duration
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) Accident 072
(b) Date of occurrence Oct 11-1941 9.0 AM
(c) Where did injury occur? Elkhorn mo
(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 3

23. Signature J. A. Roberts (M. D. or other)
Address New Madrid Date signed 10-11-41

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

J. Hill

Licensed Embalmer No. *2627*

P. O. Address *Delaware* *JH*

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, above space should be left blank.