

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2526

State File No. _____

FEB 18 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Toplin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carl Junction, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 305 N. Roney
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Chalmee Donald Graham

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-12-4303

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Jan 18 1922
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>19</u>	<u>11</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation Clerk

11. Industry or business _____

12. Name Ray S. Graham

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

14. Maiden name Herb Mae Cummings

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

16. (a) Informant Ray S. Graham

(b) Address 305 N. Roney

17. (a) BURIAL (b) Date thereof 1/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction

18. (a) Signature of funeral director RONEY Und. Co.

(b) Address CARL JUNCTION, MO.

19. (a) 1-17-42 (b) Ed W. James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1942 hour 3 minute 45 M.

21. I hereby certify that I attended the deceased from 1/14/42 to 1/16/42 and that death occurred on the date and hour stated above.

Immediate cause of death Shock - Broken neck fracture skull
Due to Laceration R. hand

Due to Contusion Brain
Laceration of Brain

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

Major findings: Of operations 1706

Of autopsy No

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
(b) Date of occurrence 1/16/42
(c) Where did injury occur? Toplin, Jasper, 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) _____ (f) Means of injury Autoaccident

23. Signature E. Ernest Johnson (M. D. or other) _____
Address 524-28 1/2 Ave. W. Date signed 1/16/42

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

19
3
5

9774

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.....

E. M. Hedge

Licensed Embalmer No.....

2859

P. O. Address.....

Wells, N. J.

FEB 2 1900

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.