

FILED MAY 14 1942  
Registration District No. ....

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Carrollton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sales Hosp. Co.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 hrs  
(Specify whether  
In this community 7 hrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll  
(c) City or town Carrollton, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME "Infant" Graham

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

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

4. Sex Fe, race W  
5. Color or W

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

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

6. (c) Age of husband or wife if

7. Birth date of deceased May 5 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 7 hr. min.

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

10. Usual occupation Infant

11. Industry or business .....

12. Name Chas L. Graham

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

14. Maiden name Josephine Cassidy

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

16. (a) Informant Chas L. Graham  
(b) Address Carrollton, Mo.

17. (a) Burial (b) Date thereof 5-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Standley  
(b) Address Carrollton, Mo.

19. (a) 5-6-42 (b) Mrs James Kaffey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
year 1942 hour 80 minute 00 M.

21. I hereby certify that I attended the deceased from 5-4-42  
..... 19..... to 5-5-42 19.....  
that I last saw her alive on 5-4- 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
6 mo fetus

Duration 2 hrs

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy 159

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 Ernest Sales (M. D. or other) D

Address Carrollton Mo Date signed 5-6-42

1053

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

5-13-42

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**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 \_\_\_\_\_

*Ben W. Gibson*

Licensed Embalmer No. \_\_\_\_\_

2961

P. O. Address \_\_\_\_\_

*Carrollton, Mo*

**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.**