

S. No. 2
-1-4-41
. 5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30834

Registrar's No. 192

FILED SEP 17 1942
Registration District No. 215 BIRD

Primary Registration District No. 3043

64
3
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Maxion
(b) City or town Harrison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 215 Bird
(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 MO (b) County Maxion
(c) City or town Harrison
(If outside city or town limits, write "RURAL")
(d) Street No. 215 Bird
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Rhoda M. Graham
(b) If veteran, name war.....
(c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 11
year 1942 hour 80 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug 6
1942 to Aug 10 1942
that I last saw her alive on Aug 10 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
7. Birth date of deceased: February 14 1892
(Month) (Day) (Year)

Immediate cause of death: Cerebral thrombosis
Due to.....
Due to.....
Other conditions..... (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

8. AGE: 50 Years
69 Months 5 Days 28
If less than one day hr. min.
9. Birthplace Lisbourne MO
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business.....
12. Name Thomas Cowdrey
13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Spies
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Lewis W. Graham
(b) Address 215 Bird Harrison MO
17. (a) Burial (b) Date thereof Aug. 13 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Grove, Easton, Mo.
18. (a) Signature of funeral director James O. Connel
(b) Address Harrison MO
19. 8/14/42 (b) R.W. Connors
Date received local registrar (Registrar's signature)

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 Ray Cox (M. D. or other)
Address 1216 Date signed Aug 14 1942

1145 (Licensed Embalmer's Statement on Reverse Side)

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.....

Michael J. O'Connell

Licensed Embalmer No.....

3246

P. O. Address.....

Hannibal, 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.