

33352

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 13 1942

Registration District No.

Primary Registration District No. 4064

Registrar's No. 37

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Kidder
(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 6 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jessie Graham
3. (b) If veteran, name war None
3. (c) Social Security No. ---

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Dallas Graham
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased November 5 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 2
If less than one day .hr. .min.

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

10. Usual occupation Laborer

11. Industry or business Chambermaid

12. Name Oliver Elliott

13. Birthplace Adair County Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Warren

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

16. (a) Informant Mrs. Vader Cox

(b) Address Kidder, Mo.

17. (a) Burial (b) Date thereof 10-9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery, Gallatin, Mo.

18. (a) Signature of funeral director Hope Furr. & Undt. Co.
(b) Address Gallatin, Mo.

19. (a) Oct 10 1942 (b) Flora B. Painter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town Gallatin
(If outside city or town limits, write "RURAL")
(d) Street No. ---
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 7
year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 42 to Oct 7th
that I last saw him alive on Oct 7th
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from uterus.

Due to Carcinoma Cervix, uterus and adenxa.

Due to 48 hr

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

Major findings: Diagnosis confirmed by laboratory reports

Of autopsy ---

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? ---

(e) While at work? --- (Specify type of place) (f) Means of injury ---

23. Signature Fred K. Wilson (M. D. or other) M.D.

Address Union Mo Date signed 10-8-42

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 _____

L. O. Gichesson
Licensed Embalmer No. _____

P. O. Address _____

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.