S. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED MAR 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7839

State File No.

Registration District No. 337

Primary Registration District No. 6-139-4476

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbyville
(If outside city or town limits, write "RURAL" and name of township)

(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 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 10.3

(a) State Mo. (b) County Shelby 0

(c) City or town Shelbyville 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clara Dimmitt Graham

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feb. (Month) 15 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	0	12	— hr. — min.

9. Birthplace Shelby County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William H. Pollard
13. Birthplace Ky 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ollie Vanderen
15. Birthplace Shelby Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. P. Gaines
(b) Address Shelbyville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-28-1943 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director E. P. Thompson
(b) Address Shelbyville, Mo.

19. (a) Feb-29-1943 (Date received local registrar) (b) Madge Gooch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29
year 1943 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from Sept 27, 1942 to Feb 27, 1943;
that I last saw her alive on Feb 22, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Liver	?
Due to	
Due to	
Other conditions History of old Cholelithis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

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

23. Signature P. C. Archer (M. D. or other)
Address Shelbyville Mo Date signed 3-1-43

10 94

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-43-494
Date Filed MAR 10 1943

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. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville Mi

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.