. S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16942

FILED JUN 7 1943

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 2093

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Crestwaven Home 3516 Schmitt
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)
In this community 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 617 Prospect 8
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillian May Graham
3. (b) If veteran, name war No —
3. (c) Social Security No. None 494-12-2017
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ralph A Graham
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased May 27 1896 (Month) (Day) (Year)
8. AGE: Years 46 Months 11 Days 5 If less than one day hr. min.
9. Birthplace Kansas City Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name George W. Sanford
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Ella Chapple
15. Birthplace Ill (City, town, or county) (State or foreign country)
16. (a) Informant Ralph A Graham
(b) Address 617 Prospect
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Mrs E R Foster
(b) Address 918 Brooklyn
19. (a) 5-5-43 (Date received by registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1943 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from April 17 1943 to May 2 1943 that I last saw her alive on April 30 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation and Collapse — Duration
Due to Cardiac Dilitation and Hypertension —
Due to Chronic Interstitial Nephritis.
Other conditions (Include pregnancy within 3 months of death) 131a

Major findings:
Of operations
Of autopsy

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 Darcy R. Thorn (M. D. or other)
Address 1010 Professional Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

Proff Bldg.
Vic 2852.
Call Friday.

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. 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.