

BUREAU OF THE CENSUS
FILED AUG 11 1943

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty, Mo. Liberty, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Odd Fellows Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 14 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
Jackson 1
(c) City or town Liberty 1
(If outside city or town limits, write "RURAL")
(d) Street No. Odd Fellows Home
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lovina Graham

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Edgar Graham (Dead) 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 16 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 6 hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Roming
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Harry M. Pearce
(b) Address 2901 Olive street, Kansas City Mo.

17. (a) Burial (b) Date thereof July 23-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington - K.C. Mo

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 918 Brooklyn ave. Kansas City Mo.

19. (a) 7-22-43 (b) Neil Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1943 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 1942 to July 22 1943
that I last saw him alive on July 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death General Atherosclerosis
Fractured left hip
Due to _____

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

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 1-2-3
(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)
(c) Means of Injury _____
23. Signature Quinton Matlock (M. D. or other) M.D.
Address Liberty Mo. Date signed 22-7-43

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-10-73

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 *me*

....., Registered Apprentice No.
working under my personal supervision.

Signed *C. N. Wise*

Licensed Embalmer No. *2570*

P. O. Address *Kansas City*

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.

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

ED AUG 11 1943

State File No. _____
Registrar's No. 5-5

Registration District No. 73 Primary Registration District No. 5291

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty Twp
(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 _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July Day 2
year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____; _____ 19____;

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced w
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
Birth date of deceased Dec 16 1884
(Month) (Day) (Year)

that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.
Immediate cause of death General paresis
interiens

8. AGE: Years 82 Months 7 Days _____ If less than one day _____ hr. _____ min.
9. Birthplace Iowa
(City, town, or county) (State or foreign country)

Due to fracture of left hip
Due to _____
Other conditions (include pregnancy within 3 months of death) 1800

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)
18. (a) Signature of funeral director _____ (b) Address _____
(c) _____ (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) accident
(b) Date of occurrence June 19, 1943
(c) Where did injury occur? Kansas City Johnson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Woodworth's 31st & Thrust
While at work? no (Specify type of place) (e) Means of injury Fall
23. Signature Burton Malley (M. D. or other) M.D.
Address Liberty Mo Date signed Aug 13 1943

X INK—MAKE A PERMANENT RECORD

INAD.

SUPPLEMENTAL

24718