

No. 2
5-42
5-17-39
X 32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38073

State File No. _____

FILED DEC 8 1943
Registration District No. _____

Primary Registration District No. 5746

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Burlingame
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison

(c) City or town near Summit, Mo.
(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 _____

3. (a) PRINT FULL NAME Elizabeth Graham

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1943 hour 3 minute 15 P.M.

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

6. (b) Name of husband or wife Robert Graham 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Nov. 4 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 5 1943, to Oct. 10 1943
that I last saw her alive on Oct. 7 1943
and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|----------|----------------------|
| <u>91</u> | <u>11</u> | <u>6</u> | _____ hr. _____ min. |

Immediate cause of death enteritis Duration 10 da.

Due to _____

Due to _____

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

Other conditions 1200
(Include pregnancy within 3 months of death)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Thomas Cook

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Sarah Stephens

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Dora Slain

(b) Address Coldwater Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 11 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Burlingame

18. (a) Signature of funeral director William Goller

(b) Address Piedmont, Mo.

19. (a) Nov 15 1943 (Date received local registrar) (b) S. C. Slaughter (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

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? _____

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

23. Signature O. R. Myers (M. D. or other) _____
Address Coldwater, Mo. Date signed 11/14/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 1243-2983
Date Filed 12-7-43

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 William Coker

Licensed Embalmer No. 3723

P. O. Address Piedmont, Md.

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.