

FILED DEC 22 1943

Registration District No. **199**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **7315 Arleta Boulevard, /**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **NO.**
 In this community **all her life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Marvel Graham**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **NO.**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married or divorced **widowed**
 6. (b) Name of husband or wife **Joseph Graham** 6. (c) Age of husband or wife if alive **40** years
 7. Birth date of deceased **May 4 1911**
 (Month) (Day) (Year)

8. AGE: Years **32** Months **7** Days **2** If less than one day **hr. min.**

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

10. Usual occupation **at home,**

MOTHER FATHER { 11. Industry or business **x**
 12. Name **Albert Long**
 13. Birthplace **Illinois, /** (City, town, or county) (State or foreign country)
 14. Maiden name **Esther Sieman**
 15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Graham**
 (b) Address **7315 Arleta Blvd**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-9-43** (Month) (Day) (Year)
 (c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**
 (b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **12-8-43** (Date received local registrar) (b) **P. E. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson,** **78**
 (c) City or town **Kansas City,** **3**
 (If outside city or town limits, write "RURAL") **8**
 (d) Street No. **7315 Arleta Boulevard,**
 (If rural, give location)
 (e) Citizen of foreign country? **NO.** (Yes or No)
 If yes, name country **x** **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **6th**
 year **1943** hour **5:00** minute **P.** M.
 21. I hereby certify that I attended the deceased from **Nov 3 1943** to **Dec 6 1943**
 that I last saw her alive on **Dec 6 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Peritonitis** Duration
 Due to **Infection at chest**
 Due to **Being so ill there was no medical attention**
 Other conditions **prior to death.**
 (Include pregnancy within 3 months of death)

Major findings: **1476** PHYSICIAN
 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 **0**
 23. Signature **James J. Suggan** (M. or other)
 Address **410 Bryant Blvd** Date signed **12/8/43**

Dr. James T. Furgerson, Bryant Bldg.

Z. R. M.

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. M. Plank*

Licensed Embalmer No. *1848*

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.