

FILED DEC 22 1943

State File No. ....

5114

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. ....

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:  
**Devine Bros. Clinic 1918 Oak St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 weeks**  
(Specify whether  
In this community **4 weeks**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Neb.** (b) County **Buffalo**  
(c) City or town **Gibbon**  
(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 **2**

3. (a) PRINT FULL NAME **Woodson F. Graham**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Agnes Graham** 6. (c) Age of husband or wife if alive **9** years **1864**

7. Birth date of deceased **May 9 1864**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **6** Days **26** If less than one day hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **Auctioneer**

12. Name **George Graham**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Agnes Graham**  
(b) Address **Gibbon, Neb.**

17. (a) **Removal** (b) Date thereof **11/5/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Gibbon, Neb.**

18. (a) Signature of funeral director **Freeman Mortuary**  
(b) Address **Kansas City, Mo.**

19. (a) **12-5-43** (b) **P. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12/5/43** day year hour minute

21. I hereby certify that I attended the deceased from **Nov - 16<sup>th</sup>** 1943 to **Dec 5<sup>th</sup>** 1943 and that death occurred on the date and hour stated above.

Immediate cause of death **Heart infarction**

Due to **arteries**

Due to **Sclerosis Liver**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **12461** 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 **L. M. Gagnier** (M. D. or other) Address **918 Oak St. Mo.** Date signed **12/5/43**

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

MOTHER FATHER

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**