

FILED JAN 6 1944

Registration District No. 1924

Primary Registration District No. 4291

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County Lafayette County
 (b) City or town Alma Mo.
 (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)

3. (a) PRINT FULL NAME CHARLES KELLY GRAHN

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Oct 29 1865
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>1</u>	<u>15</u>	hr. _____ min.

9. Birthplace Bowling Green Ky
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER, FATHER

12. Name Charles Grahn

13. Birthplace Germany
 (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 Mrs Clint Salyer

(b) Address Alma Mo

17. (a) Burial (Burial, cremation, or removal) Waverly Cemetery (b) Date thereof Dec 16 1943
 (Month) (Day) (Year)

18. (a) Signature of funeral director E. D. James

(b) Address Concordia Mo

19. (a) 12-15-1943 (b) Dr. W. A. Brockle
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
 (c) City or town Alma
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
 year 1943 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from Called in
Alma Lafayette Co. Mo _____ 19____;
 that I last saw him _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death 3. sudden death -
probably Coronary Occlusion
 Due to Coronary Sclerosis

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

Major findings: no operation
 Of operations _____
 Of autopsy no autopsy

Duration _____
 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) no
 (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 W. M. ... (M.D. or other) _____
 Address Alma Mo Date signed 12-15-43

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-5-44

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

E. J. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.