

FILED JAN 10 1948

Registration District No. 238

Primary Registration District No. 5823

Registrar's No. 65

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Kewanee - New Madrid 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)
In this community all life years, months or days

3. (a) PRINT FULL NAME Betty Jewell Graham

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

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

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

7. Birth date of deceased. June (Month) 2 (Day) 1943 (Year)

8. AGE: Years Months Days If less than one day
6 16 hr. min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name Willie Graham

13. Birthplace New Madrid Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Nicholson

15. Birthplace Proscus Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Graham
(b) Address Kewanee, Mo.

17. (a) BURIAL (b) Date thereof Dec. 18 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kewanee, Mo.

18. (a) Signature of funeral director Friends
(b) Address Kewanee Mo.
19. (a) Jan. 1, 1944 (b) Alvin Spitzer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town H. M. Northwest of Kewanee
(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 DE6 day 19
year 1943 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death By all record death
was due to
Lobar Pneumonia
Due to _____

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

Major findings: Of operations _____
Of autopsy _____
108

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)
(c) Means of injury 3
23. Signature Leo H. G. Smith Deputy Coroner
(M. D. or other)
Address New Madrid Mo. Date signed 12/27-43

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

2-43
7-30
X35897

1031

RECEIVED

District Health Office No. 2,

District File Number 144-122

Date Filed 1-13-44

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.....

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

Signed Wm. J. Embalmed.....

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.