

FILED FEB 9 1944

Registration District No. **312**

Primary Registration District No. **3061**

Registrar's No. **88**

1. PLACE OF DEATH
(a) County **St. Francois**
(b) City or town **Flat River, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(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 **Missouri** (b) County **St. Francois**
(c) City or town **Flat River, Mo.**
(If outside city or town limits, write "RURAL") **2**
(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 **Mr. Henry William Graham**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **2nd**
year **1944** hour **9** minute **PM**
21. I hereby certify that I attended the deceased from **Dec 16th**
1943 to **1-2** 19**44**
that I last saw alive on **12-16-** 19**43**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or **White** 6. (a) Single, widowed, married, divorced, **divorced**
race **Caucasian**
6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased **Oct.** **9** **1887**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Paralysis myocardial infarction**
Due to **Sclerosis**
Due to _____
Other conditions (Includes pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
78 **3** **21** hr. min.

9. Birthplace **Madison Co. Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Worked for St. Joseph Coal Co.**

11. Industry or business _____
12. Name **Mr. Henry W. Graham**
13. Birthplace **Madison County Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Marion Wray**

15. Birthplace **Madison County Mo.**
(City, town, or county) (State or foreign country)
16. (a) Informant **Mrs. Clarence Degan (daughter)**
(b) Address **Frank St. Flat River, Mo.**

17. (a) **Burial** (b) Date thereof **June 4-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Christian Funeral Home**
18. (a) Signature of funeral director **Alvin W. Hood**
(b) Address **303 Craig St. Flat River, Mo.**
19. (a) **Jan. 4-1944** (b) **Byrdie Bukhmaster**
(Date received local registrar) (Registrar's signature)

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 **B. Farver** (M. D. or other) _____
Address **Flat River** Date signed **1/4/44**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4
District File Number 244-3288
Date Filed 2-5-44

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.....

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

Signed..... *Alvin Hood*

Licensed Embalmer No. 2780

P. O. Address Flat River m d

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.