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M-8-43  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1048

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:  
1518 E. 11th St. 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 2 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1518 E. 11th St.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dorothy Ashmore Graham

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race 3 negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Harold Graham 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased: 11 27 1918  
(Month) (Day) (Year)

8. AGE: Years 25 Months 3 Days 4  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House work

11. Industry or business at home

12. Name James S. Ashmore

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

14. Maiden name Evelyn Davis

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

16. (a) Informant Evelyn Frazier

(b) Address 1518 E. 11th St.

17. (a) Burial (b) Date thereof 3-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director W. K. Jones

(b) Address 440 State Jane W. C. Kan

19. (a) 3-6-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1  
year 1944 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-28-43  
19 3-1 to 3-1 19 44

that I last saw the decedent alive on 3-1 19 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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 C. W. O'Connell (M. or other) \_\_\_\_\_  
Address 1512 N. 5th St. C.C. Co. Date signed 3-3-44

C. H. Alexander

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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

*Eugene English*

Licensed Embalmer No. *4105*

P. O. Address *440 State ave. N. C. A.*

**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.**