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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 190

FILED APR 12 1944

Registration District No. 79

Primary Registration District No. 4169

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

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Osborn  
(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 61 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb

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

(d) Street No. .... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME EDGER GRAHAM

3. (b) If veteran, name war ..... 3. (c) Social Security No. 457-03-9041

4. Sex Male 5. Color or race white

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

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

7. Birth date of deceased Sept 18 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 6 9 ..... hr. .... min.

9. Birthplace Osborn MO 0  
(City, town, or county) (State or foreign country)

10. Usual occupation  Clerk

11. Industry or business

12. Name Robert Graham

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

14. Maiden name Ruth Cannon

15. Birthplace Louisville Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Manning Bell

(b) Address Osborn Mo

17. (a) Burial (b) Date thereof May-12-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Mo

18. (a) Signature of funeral director Stewart

(b) Address Stewartville Mo

19. (a) Mar 11-1944 (b) W. D. Wingley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1944 hour 5 minute A M.

21. I hereby certify that I attended the deceased from March 1 1944 to March 9 1944 that I last saw him alive on March 9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to .....

Due to .....

Other conditions 9/40  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations .....

Of autopsy .....

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)

Means of injury .....

23. Signature M. S. Dale (M. D. or other)

Address O. S. Warr mo Date signed 3/10/44

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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 F. G. Moore

Licensed Embalmer No. 952-

P. O. Address Stewartville Md.

**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.**