

FILED JUN 9 1944

Registration District No. 48

Primary Registration District No. 4064

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fidelity Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 13 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Fidelity Mo.
(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 _____

3. (a) PRINT FULL NAME Flora Graham

(b) If veteran, name war _____ (c) Social Security No. 0

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

6. (b) Name of husband or wife Samuel Graham 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Jan 30 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name A. S. Davis
13. Birthplace Connecticut
14. Maiden name Maria Davis
15. Birthplace Vermont

16. (a) Informant Samuel Graham

(b) Address Fidelity Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Fidelity Cemetery
18. (a) Signature of funeral director H. F. Campbell
(b) Address Fidelity Mo.

19. (a) May 9 44 (Date received local registrar) (b) Courine Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1944 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from August 23, 1943, to April 30, 1944, that I last saw her alive on April 30, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 hours

Due to Hypertension & arteriosclerosis Several years

Due to _____ flow history

Other conditions (Include pregnancy within 3 months of death) gza!

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 Fred K. Wilson (M. D. or other) Address Winstan Mo. Date signed May 2-44

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

3000

1300

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.....

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.