

FILED AUG 14 1944
Registration District No. 2749

Primary Registration District No. 1002

Registrar's No. 3177

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 606 W. 59th Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 200 days. 1 (Specify whether)
In this community 60 years years, months or days (Specify whether)

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. 606 W 59th Terrace (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALBERT H GRAHAM

3. (b) If veteran, name war No 3. (c) Social Security No. 496-16-2456 year 1944 hour 16:30 minute A M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2 1944 hour 16:30 minute A M.
21. I hereby certify that I attended the deceased from _____ 19____ and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Virginia Graham 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased (Month) 5 (Day) 1 (Year) 1891

that I last saw him _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

8. AGE: Years 73 Months 3 Days 1 If less than one day hr. _____ min. _____

Arteriosclerotic Heart Disease.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 93 d

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

10. Usual occupation Robinson Shoe Co

11. Industry or business _____

12. Name Joseph Graham

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

14. Maiden name unknown

15. Birthplace Canada (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Mrs Virginia Graham

(b) Address 606 W 59th Ter K.C. Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-14-44 (Month) (Day) (Year)

(c) Place: burial or cremation MT. WASHINGTON, Can.

18. (a) Signature of funeral director Stine & McElroy

(b) Address 3235 Millham Plaza, Kansas City

19. (a) 8-3-44 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

Major findings: Of operations _____
Of autopsy inspection & history

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) _____
Signature A. E. Decker (M. D. or other) _____
Address 2311 My Date signed 8/2/44

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

561

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 Paul J. Ballew

Licensed Embalmer No. 4206

P. O. Address K. C. Missouri

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.