

FILED DEC 18 1944

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 304

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Fishersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write street number or location) 4
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lewis GRAHAM

3. (b) If veteran, name war V 3. (c) Social Security No. —

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Stella 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased 10 - 25 - 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Stickleville No. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name George Graham
13. Birthplace Buller Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Jane Albert
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stella Graham
(b) Address Green City, Mo.

17. (a) Burial (b) Date thereof 11-24-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Glenn E. Paul & Son
(b) Address Green City, Mo.

19. (a) 11-24-44 (b) Wm. J. Wayman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan
(c) City or town Green City, Mo. 195
(If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1944 hour 2 minut 55 P. M.

21. I hereby certify that I attended the deceased from Nov 14 to Nov 21, 1944
that I last saw him alive on Nov 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Failure
Due to Chronic Myocarditis

Other conditions General paresis
(Include pregnancy within 3 months of death)

Major findings: Of operations 30
Of autopsy —

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 2 DO
23. Signature M.T. Ginter or other DO
Address Fishersville, Mo. Date signed 11-21-44

Duration

1 hour

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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RECEIVED

District Health Officer No. 10

District File Number 12-44-2067

Date Filed DEC 15 1944

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Greensboro, N.C.

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.