

3. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. A1329

Registrar's No. 35

FILED JAN 9 1945  
Registration District No. 1345

Primary Registration District No. 4234

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

1. PLACE OF DEATH

(a) County Franklin  
(b) City or town Frankton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's of the Ozarks  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 minutes  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon  
(c) City or town Bunker 129  
(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 Clarence Graham

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Minor  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 9 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 1 11 hr. 50 min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Graham  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Moses  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James Graham

(b) Address Bunker MO

17. (a) Burial (b) Date thereof Nov 21 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunker MO

18. (a) Signature of funeral director Frank J. Smith

(b) Address Bunker MO

19. (a) Dec 8, 1944 (b) Thomas Francis C. Howard  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20  
year 1944 hour 11:50 minute P M.

21. I hereby certify that I attended the deceased from Nov. 20 1944, to Nov. 20 1944,  
that I last saw him alive on Nov. 20 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Status Thymico-lymphaticus Duration 12 hrs.

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

Due to Wt

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 Bruce Bull (M. D. or other) Mo. D.  
Address Frankton, Mo. Date signed 11-21-44

1361

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4  
District File Number 145-45  
Date Filed 1-8-45

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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.....

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.**