

FILED DEC 20 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42354
Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 370
(b) Township Cedar Primary Registration District No. 6255
(c) City Cedar Creek (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Robert Peyton Graham St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 - 1895
7. AGE YEARS 49 MONTHS 2 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Madison Co
(STATE OR COUNTRY) MO

FATHER 13. NAME James Graham
14. BIRTHPLACE (CITY OR TOWN) Madison Co
(STATE OR COUNTRY) MO

MOTHER 15. MAIDEN NAME Sarah Tinnin
16. BIRTHPLACE (CITY OR TOWN) Bellinger Co
(STATE OR COUNTRY) MO

17. INFORMANT Mrs Opal Graham
(ADDRESS) Coldwater, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hickory Grove DATE Sept 17-44

19. FUNERAL DIRECTOR National Funeral Home
(ADDRESS) Greenwell, Mo.

FILED Dec. 19, 1944 Fred Bennett
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15 - 1944
22. I HEREBY CERTIFY, That I attended deceased from for 15 years, to _____, 19____
I last saw him alive on Sept 14, 1944. Death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

15 or 20 years ago
Pulmonary Tuberculosis

Other contributory causes of importance: 13

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) John F. Wagner, M. D.
(Address) Greenwell, Mo.

1224 Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

National Funeral Home
Gladys C. Marshall - Co. owner

Licensed Embalmer No. _____

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.)