V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5694

State File No.

FILED MAR 8 1945

Registration District No. 8

Primary Registration District No. 3008

Registrar's No. 31

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

19
1
2

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since Jan 8th 1945 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller 14

(c) City or town Etterville 1
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME C. Frank 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 married

6. (b) Name of husband or wife only as Mrs. C. Frank Graham

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Feb (Month) 28 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	10	28	hr. min.

9. Birthplace Miller Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Alexander Graham
13. Birthplace Scotland Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Jean Marshall
15. Birthplace Scotland Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Hosp. records

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-25-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant

18. (a) Signature of funeral director Louis D Phillips

(b) Address Eldon, Mo.

19. (a) 1-25-1945 (Date received local registrar) (b) Josie Morbuckhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 25 year 1945 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 8th, 1945, to Jan 25, 1945; that I last saw him alive on Jan 25, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis (with blood syphilis) — Duration ?

Due to

Due to

Other conditions Seizures, and evidence of past paralytic stroke
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none granted

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature P. S. Tate (M. D. or other)

Address State Hosp. #1 Date signed 1-25-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number
Date Filed 3-7-45

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 Louis D Phillips, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis D Phillips

Licensed Embalmer No. 3663

P. O. Address Cedar

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.