. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 22 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9094

State File No.

Registration District No. 42 Primary Registration District No. 1600 Registrar's No. 247

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1614 ~~[illegible]~~ Pacific 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town St Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1614 Pacific 7
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William P. Graham

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Luvania

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

7. Birth date of deceased Sept (Month) 22 (Day) 1846 (Year)

8. AGE: Years 98 Months 5 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Retire Farmer (15 yrs)

11. Industry or business

FATHER
12. Name unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name ✓
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Grace Leek
(b) Address St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-45 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem. Oregon Mo

18. (a) Signature of funeral director Freeman & Son Inc
(b) Address St Joseph, Mo.

19. (a) 3-4-45 (Date received local registrar) (b) Helen I Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1945 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 2-28, 1945, to 3-1-, 1945;
that I last saw him alive on 3-1-, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr myocarditis	Several days
Due to: Senility	yrs
Due to: Generalized Arteriosclerosis	yrs
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. E. Grimes 0 (M. D. ~~or other~~)
Address St Joseph, Mo. Date signed 3-2-45

1017

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, Mo.

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.