

FILED OCT 14

Registration District No. 148

Primary Registration District No. 4238

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Buckner
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
His home near Buckner /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 30 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49
(c) City or town Buckner
(If outside city or town limits, write "RURAL")
(d) Street No. East side of town
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME JOHN ROBERTS GRAHAM

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

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 30 1883
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 12 If less than one day hr. min.

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

10. Usual occupation Farmer
Farm- Grain and livestock

11. Industry or business Charles Arthur Graham

12. Name Charles Arthur Graham

13. Birthplace Aulville Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Roberta

15. Birthplace Aulville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Georgia Graham
(b) Address Buckner Missouri

17. (a) Burial (b) Date thereof 8-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville Mo.

18. (a) Signature of funeral director J. M. Reppert
(b) Address Buckner Missouri

19. (a) 8-11-45 (b) J. M. Reppert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1945 hour 12 minute 30 PM 7 M.

21. I hereby certify that I attended the deceased from June 10 1945 to Aug 10 1945
that I last saw him alive on Aug 10 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 5 days

Due to Carcinoma of Bladder

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 528

Major findings: Of operations _____ 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
23. Signature J. W. Higgins DO (M.D. or other) DO
Address Buckner Mo. Date signed August 11 1945

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

MOTHER FATHER

PHYSICIAN Underline the cause to which death should be charged statistically.

1161

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 _____

Personally
working under my personal supervision

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. *2321*

P. O. Address _____
Buckner

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.