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7. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

32677

**FILED** NOV 14 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4462

**1. PLACE OF DEATH:**

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
(Specify whether  
In this community 30 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 40  
(c) City or town Kansas City 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 300 E. 75th 8  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Richard J. Graham

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 1 5. Color or race White 6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 12, 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 6 17 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business Tax Solicitor City Hall

12. Name Richard J. Graham

13. Birthplace Dublin Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Louise Smelts  
(City, town, or county) (State or foreign country)

15. Birthplace New York City N.Y. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Elizabeth Graham

(b) Address 300 East 75 th St. K.C. Mo.

17. (a) Burial (b) Date thereof 10/31/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 10-30-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 29  
year 1945 hour 10 minute 55 A. M.

21. I hereby certify that I attended the deceased from  
October 13 1945 to October 29 1945  
that I last saw him alive on October 29 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death acute and chronic pyelonephritis

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

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

Other conditions 133  
(Include pregnancy within 3 months of death)

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 \_\_\_\_\_

23. Signature Clark W. Seely MD (M. D. or other)  
Address Med. Dir. K.C. General Hospital Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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

working under my personal supervision.

Registered Apprentice No.

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.**