

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED DEC 7 1945

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 1273

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: 2542 7010
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) 26 412

3. (a) PRINT FULL NAMES JAMES MARTON GRAMS

3. (b) If veteran, name war _____ 3. (c) Social Security No. 70-09-1436

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife May 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased 6 17 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Railroad worker

11. Industry or business _____

12. Name George W. Adams
13. Birthplace Rayco Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Cates
15. Birthplace Rayco Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Adams
(b) Address Rayco

17. (a) _____ (b) Date thereof Nov 26 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Cem

18. (a) Signature of funeral director J. E. Broadhurst
(b) Address Rayville, Mo

19. (a) Dec 4 1945 (b) A. J. Antikush
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2542 7010
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country RU

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1945 hour 3:30 minute _____ M.

21. I hereby certify that I attended the deceased from Sept 1945
to Nov 23 1945
that I last saw him alive on Nov 1 1945
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion
Due to chronic hypertension
Due to _____

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

Major findings: Of operations _____
Of autopsy gfw

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) (c) Means of injury Q

23. Signature W. J. Adams
Address 6020 Francis Date signed Nov 23 1945

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

J. E. Broadhurst

Licensed Embalmer No. *2176*

P. O. Address *Rayville*

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.