

FILED DEC 27 1945

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 1230

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: 3323 Mitchell Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Not
(Specify whether years, months or days)
 In this community 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 3323 Mitchell Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Robert Sylvester Graham
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 6th.
 year 1945 hour 2 minute 10 P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Cilvia Graham
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased September 16 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1
1945 to Nov 6 1945
 that I last saw him alive on Nov 6 1945
 and that death occurred on the date and hour stated above.

8. AGE:
 Years 89 Months 1 Days 20
 If less than one day hr. _____ min. _____

Immediate cause of death Chronic Nephritis Duration 10 yrs
 Due to Chronic Prostatitis 10 yrs
 Due to General Semile debility
 Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retired Railway

11. Industry or business Burlington

12. Name Joseph C. Graham

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

14. Maiden name Mary Comer

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

16. (a) Informant Cilvia Graham
 (b) Address 3323 Mitchell, St. Joseph Missouri

17. (a) Burial (b) Date thereof 11/8/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
 (b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Nov 20 1945 (b) _____
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
 Of autopsy no 131
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?
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. F. Mundy (M. D. or other) _____
 Address 404 So 3rd St Date signed 11/7/45

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

FATHER
MOTHER

1424

DEC 10 1955

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 C. Harrington*

Licensed Embalmer No..... 3258 Missouri

P. O. Address..... St. Joseph, Missouri.....

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.