

FILED DEC 3 1945 STANDARD CERTIFICATE OF DEATH

37562

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution Res. 126 Pearl
(d) Length of stay: In hospital or institution 1
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. 126 Pearl St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Berneice Graham

(b) If veteran, name war no

(c) Social Security No. no

4. Sex fem. 1
5. Color or race white
6. (a) Single, widowed, married, divorced 2
(b) Name of husband or wife David A. Graham
6. (c) Age of husband or wife if alive years 29
7. Birth date of deceased Jan 24 1872

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 21, day 1945
year 11-00 A.M. minute
21. I hereby certify that I attended the deceased from Nov. 20, 1945 to Nov 21, 1945
that I last saw h. alive on Nov. 21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion (MI)
Duration 4 days

8. AGE: Years 73 Months 9 Days 28
If less than one day hr. min.

9. Birthplace Chillicothe Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace
14. Maiden name
15. Birthplace

16. (a) Informant Mildred Rickard
(b) Address 176 Pearl St. Joplin Mo.
17. (a) Burial (b) Date thereof 11-23-45
(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.
19. (a) 11-23-45 (b) E. James

Other conditions:
Major findings:
Of operations: 940
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
23. Signature: Ruth L. Muff
Address Joplin Mo Date signed 11/23/45

1404

(Licensed Embalmer's Statement on Reverse Side)

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

45-11-915

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Frank K. Hirsch*

Licensed Embalmer No. *959*

P. O. Address *Joplin 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Bernice Graham

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Jan 2 (Month) 2 (Day) 1945 (Year)

8. AGE: Years 73 Months 9 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Graham

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Ed D. [Signature] (Registrar's signature)

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19 _____;

that I last saw him/her alive on _____, 19 _____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Date signed _____

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

SUPPLEMENTARY

37562