V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37563

State File No.

FILED DEC 15 1945

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

49 2 5

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

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1930 Porter (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles B Graham

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Graham

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 12, 1878 (Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation Electrician

11. Industry or business

FATHER 12. Name Archie Graham

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

MOTHER 14. Maiden name Emma Ball

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

16. (a) Informant Mrs Mary Graham

(b) Address 1930 Porter, Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-45 (Month) (Day) (Year)

(c) Place: burial or cremation Park Memorial

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo

19. (a) 12-3-45 (Date received by local registrar) (b) Ed Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1945 hour 2 minute 8 A.M.

21. I hereby certify that I attended the deceased from Nov. 27, 1945, to Nov. 29, 1945 and that I last saw him alive on Nov. 29 only, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure — Duration 10 days

Due to: Arteriosclerosis ?

Due to:

Other conditions (Include pregnancy within 3 months of death): Generalized edema

Major findings: Of operation: 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. T. Clarke (M. D. or other) M.D.

Address 607 Main, Joplin, Mo. Date signed 12-2-45

(Licensed Embalmer's Statement on Reverse Side)

45-11-930

JUN 23 1948

MAY 27 1950

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 F. M. Jones

Licensed Embalmer No. 2319

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.