. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42185

State File No.

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 108

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Waynesville
(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 years, months or days) In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski 85
(c) City or town Waynesville, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Gloria Jean Graham
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 1. (Day) 1945 (Year)

8. AGE: Years	Months	Days	If less than one day
	1	16	hr. min.

9. Birthplace Waynesville, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Herbert Graham
13. Birthplace (City, town, or county) Oklahoma / (State or foreign country)
MOTHER 14. Maiden name Bonnie Ousley
15. Birthplace Waynesville, (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Bonnie Graham
(b) Address Waynesville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/45 (Month) (Day) (Year)
(c) Place: burial or cremation Waynesville Memorial
18. (a) Signature of funeral director J. L. HOOPS & SONS
(b) Address Crocker, Mo.
19. (a) 12-26-1945 (Date received local registrar) (b) Chas M Dade (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from Nov 14, 1945, to Nov 16, 1945 that I last saw he alive on Nov 16, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	
Due to General debility	
Due to acute dysentary	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 10

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 Dr F B Stelle (M. D. or other) DO
Address Waynesville Date signed 12/1/45

1170 (Licensed Embalmer's Statement on Reverse Side)

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 Paul B. Hoop

Licensed Embalmer No. 3261

P. O. Address Crooker, Me.

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.