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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1946

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 3314

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 42

1561

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

**1. PLACE OF DEATH:**

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1615 Turn St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community 50 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1615 Turn St. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Margaret 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 Widowed

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

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

7. Birth date of deceased May (Month) 16 (Day) 1852 (Year)

8. AGE: Years 93 Months 8 Days 5 If less than one day — hr. — min.

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

10. Usual occupation housewife

11. Industry or business —

FATHER
12. Name William Fisher
13. Birthplace — (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Jane Tuggle
15. Birthplace — (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs J. F. Beam
(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 1000 Bdwy, Hannibal, Mo.

19. (a) 1-24-46 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 21 year 1946 hour 7 minute — A. M.

21. I hereby certify that I attended the deceased from —, 19..., to —, 19...; that I last saw h... alive on —, 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary sclerosis — | 1 yr |
| Due to Cerebral arteriosclerosis | 5 yrs |
| Due to — | |
| Other conditions — (Include pregnancy within 3 months of death) | |

Major findings:
Of operations —
Of autopsy —

94 W

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 Howard B. Gudrich (M. D. or other) MD

Address Hannibal, Mo. Date signed 1-22-46

189 (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 George T. Bond

Licensed Embalmer No. 4373

P. O. Address Hannibal, 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.**