

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6108

State File No.

FILED MAR 6 1946
Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper

(c) Name of hospital or institution: Nursing home

(d) Length of stay: In hospital or institution 70

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 41

(c) City or town Jasper 2

(d) Street No. 2509 Utica St. 5

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

If yes, name country

3. (a) PRINT FULL NAME Anna Graham

3. (b) If veteran, name war no

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 1 year 1946 hour 9 minute 3 P.M.

21. I hereby certify that I attended the deceased from Jan 10 1946 to Jan 31 1946 that I last saw him alive on Jan 31 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pneumonia

Duration

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife J. B. Graham

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

7. Birth date of deceased: Sept 22 1858

8. AGE: Years 87 Months 4 Days 9

If less than one day hr. min.

9. Birthplace: Kansas City Mo

10. Usual occupation: Housewife

11. Industry or business: "

12. Name: Wm Hoffman

13. Birthplace: Germany

14. Maiden name: Anna Daniels

15. Birthplace: Ireland

16. (a) Informant: Bertie Graham

(b) Address: Columbus Kas.

17. (a) Burial, cremation, or removal: Burial

(b) Date thereof: Feb 3 46

(c) Place: burial or cremation: Columbus Kas.

18. (a) Signature of funeral director: Hubert Wood Co.

(b) Address: Jasper Mo

19. (a) Date received local registrar: 2-7-46

(b) Registrar's signature: W. J. Jones

Due to

Due to

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

Major findings: Of operations: 108

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: E. E. Best (M. D. or other)

Address: Jasper Mo Date signed: 2-7-46

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

MOTHER FATHER

138

(Licensed Embalmer's Statement on Reverse Side)

46-2-161

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 *Perry K. Heibel*

Licensed Embalmer No. *959*

P. O. Address *Joplin, 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.