

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED MAR 12 1946

Registration District No. **360** Primary Registration District No. **6225**

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

1. PLACE OF DEATH:

(a) County Wernon

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

(c) Name of hospital or institution State Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 2 days
(Specify whether years, months or days)

In this community 1 year & 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

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

(d) Street No. RFD #1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME SOPHIA GRAHAM

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1946 hour 5 minute 45 M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Floyd Graham 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: APR. 7 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-3-46 to 2-27-46

that I last saw him alive on 2-26-46, 19____; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>10</u>	<u>20</u>	hr. min.

Immediate cause of death Senile dementia deterioration

Due to ✓

Due to ✓

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

9. Birthplace Peru Sharon Mich
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: ✓

Of operations _____

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business None

12. Name James Hunter

13. Birthplace Macland 4
(City, town, or county) (State or foreign country)

14. Maiden name Ernie Levers

15. Birthplace Macland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital record

(b) Address Nevada, Mo

17. (a) Funeral (b) Date thereof 3-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jasper, Mo

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? _____

18. (a) Signature of funeral director W. H. Hulse

(b) Address Jasper Mo

19. (a) 2-27-46 (b) W. H. Hulse
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. H. Hulse (M.D. or other) _____
Address Nevada Mo Date signed 2-27-46

RECEIVED

with Officer No. 7,

Number 2-16-184
Date Filed 3-8-46

MAY 10 1946

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 J. H. J. Tetter
Licensed Embalmer No. 23-66

P. O. Address Jasper 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.