

**FILED** MAR 13 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **8682**

Registration District No. **43**

Primary Registration District No. **5143**

Registrar's No. **82**

**1. PLACE OF DEATH:**

(a) County **Butler**  
(b) City or town **Poplar Bluff Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Route # 3 Poplar Bluff Twp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **32 years** (Specify whether years, months or days)  
In this community **32 years**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Butler**  
(c) City or town **Poplar Bluff Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Route # 3**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT ELLEN S. GRAHAM**  
**FULL NAME**

3. (b) If veteran, name was **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widow**

6. (b) Name of husband or wife **James M. Graham** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **February 1st 1871**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **1** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Ellington Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Peter Johnson**

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

14. Maiden name **Cynthia Alexander**

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

16. (a) Informant **Lanford Graham**  
(b) Address **Poplar Bluff, Missouri**

17. (a) **Burial** (b) Date thereof **3/4/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dunning Cemetery**

18. (a) Signature of funeral director **Frank Cottrill Chapel**

(b) Address **Poplar Bluff, Mo**

19. (a) **3-4-46** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **March** day **2nd**  
year **1946** hour **9** minute **15** P.M.

21. I hereby certify that I attended the deceased from **13 Feb 46**  
19\_\_\_\_ to **26 Feb 46** 19\_\_\_\_  
that I last saw her alive on **26 Feb** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis** Duration **9 yr**  
**Heart disease**  
**Duration probably several years**  
Due to **Chronic nephritis**

Due to **Generalized arteriosclerosis**

Other conditions **Left femoral hernia. Several**  
(Include pregnancy within 3 months of death)

Major findings: **Cyril A. Rat M.D.** **PHYSICIAN**

Of operations \_\_\_\_\_  
Of autopsy **[Signature]**  
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 **Cyril A. Rat** (M. D. or other)

Address **Poplar Bluff, Mo** Date signed **3/4/46**

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 346-271

Date Filed 3/12/46

MAR 25 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: Howard G. Rodgers

Licensed Embalmer No.....

P. O. Address Poplar Bluff 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.