

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED APR 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. 10090

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 90

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:  
Levering Hosp. 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal Missouri 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 2600 Bird 2  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Blaine Graham

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month February day 26  
year 1946 hour 12 minute 30 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

21. I hereby certify that I attended the deceased from Jan 30  
1946 to Feb. 26 1946  
that I last saw h. in. alive on Feb. 25 1946  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Jewell Blanchard Graham

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

Immediate cause of death Acute Endocervicitis with Auricular fibrillation

Duration \_\_\_\_\_

7. Birth date of deceased October 18, 1884  
(Month) (Day) (Year)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>4</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Hannibal Missouri 0  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation Superintendent of Mails

11. Industry or business U.S. Post Office

MOTHER FATHER

12. Name Robert H. Graham 9

13. Birthplace No record 9  
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Robinson

15. Birthplace No record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.S. Moore

(b) Address Des Moines Iowa

17. (a) Burial (b) Date thereof 2/28/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 2-27-46 (b) Dr. E. M. Lucke  
(Date received local registrar) (Registrar's signature)

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)  
Means of injury \_\_\_\_\_

23. Signature E. R. Molley (M. D. \_\_\_\_\_)  
Address Hannibal, Mo. Date signed 3/27-46

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

9012

189

APR 27 1933

APR 29 1933

APR 9 1946

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**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 Crawford Smith.....

Licensed Embalmer No..... 3814.....

P. O. Address..... Hannibal 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.**