

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16660

State File No. _____

FILED JUN 10 1946

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 2355

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution RESEARCH HOSPITAL
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 4 MONTHS
(Specify whether years, months or days)

In this community 35 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 448 W. DARTMOUTH, R. 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ALLIE TRENT GRAHAM

3. (b) If veteran, name war NO

3. (c) Social Security No. NOIVE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 24TH year 1946 hour 4 minute 15 P. M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife FRANK

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased: OCT (Month) - (Day) - (Year)

21. I hereby certify that I attended the deceased from Nov. 27, 1944 to May 24, 1946

that I last saw her alive on May 24, 1946

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

app. 65 hr. min.

Immediate cause of death: Carcinoma of Bladder Duration 18 mo.

9. Birthplace BOONEVILLE MISSOURI
(City, town, or county) (State or foreign country)

Due to _____

Due to 528

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

10. Usual occupation HOUSEWIFE

Major findings of operation: Cystoscopy & Biopsy - Biopsy studies showed Carcinoma

Of autopsy: Autopsy refused

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

11. Industry or business none

12. Name WILSON-W. TRENT

13. Birthplace CUMBERLAND CO VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name MARY M. HIX

15. Birthplace MARSHALL MISSOURI
(City, town, or county) (State or foreign country)

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

16. (a) Informant Frank C. Graham

(b) Address 448 W. Dartmouth Rd

(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? _____

17. (a) Burial (b) Date thereof May 27, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville Mo

While at work _____ (Specify type of place) Means of injury: 9

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

(b) Address 1401 Birch Creek

23. Signature Carl Ferris (M. D. or other) M. D.

Address 934 Oggle Bldg, K.C. Mo. Date signed 5-25-46

19. (a) 5-27-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

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

15542

Original 13009

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 *Emile M. Calhoun*
Licensed Embalmer No. *3506*
P. O. Address *K. C. 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.