

S. No: 2
M-5-43
v. 5-17-39
I X36871

FILED OCT 28 1946
Registration District No. **135**

Primary Registration District No. **3022**

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

1. PLACE OF DEATH:
 (a) County Harrison
 (b) City or town Bethany Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bethany Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Seven Weeks
 (Specify whether years, months or days)
 In this community All life

3. (a) PRINT FULL NAME Edna L. Graham
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female / **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bert Graham
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased March 1, 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 29 hr. min.

9. Birthplace Mercer County, Missouri.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Ira B. Woodward
13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
14. Maiden name Rosa F. Melton
15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Bert Graham
(b) Address Cainsville, Missouri.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Oct. 2, 1946
 (Month) (Day) (Year)
(c) Place: burial or cremation Oaklawn Cemetery

18. (a) Signature of funeral director
(b) Address Cainsville, Missouri.

19. (a) Oct 3 - 1946 (Date received local registrar)
(b) Zola Burris (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Harrison
 (c) City or town Cainsville
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30th
 year 1946 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from
Aug 10, 1946 to Sept 30, 1946
 that I last saw her alive on Sept 30, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of uterus with metastasis to bladder
Duration 6 months

Due to _____
Due to _____

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

Major findings:
 Of operations _____
 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?

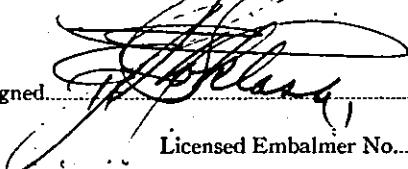
While at work? _____ (Specify type of place) Means of injury 0
23. Signature W.A. Boyles (M. D. or other) 111111
Address Bethany Missouri **Date signed** 10/2/46

DISTRICT HEALTH OFFICE
Cameron, Mo.

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, of Mo.

Eddie J. Stoklass, Registered Apprentice No. _____
working under my personal supervision.

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.