S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37900

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 435

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 906 S. Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 67 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 906 S. Grand 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William Albert Graham

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bettie Ann 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 12 (Day) 1861 (Year)

8. AGE: Years 85 Months 5 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Portsmouth (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Concrete Contractor

11. Industry or business

FATHER
12. Name Nicholas Graham
13. Birthplace Butler (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Kathryn Van Burn
15. Birthplace ..... (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Paul Graham
(b) Address 906 S. Grand, Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia, Missouri

19. (a) 11-12-46 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 year 1946 hour 2 minute 30 a M.

21. I hereby certify that I attended the deceased from 8 Nov, 1946, to Nov 10, 1946 that I last saw him alive on Nov 10, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to Arterio Sclerosis	
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature E. C. Snavely (M. D. or other)

Address Sedalia Mo Date signed 11/12-46

251 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-23-46

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 K P McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.