

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **5250**

**1. PLACE OF DEATH:**

(a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Little Sisters of the Poor  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 year  
(Specify whether years, months or days)  
 In this community 8 years  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 4?  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1020 Penn St  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 11

3. (a) PRINT FULL NAME Mary Graham

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife A. W. Graham 6. (c) Age of husband or wife if alive 10 years  
 7. Birth date of deceased Jan 10 1872  
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Ellsworth Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business  
 12. Name Mike Hinchey  
 13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Maggie Costello  
 15. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

16. Informant Mrs Margaret Morgan  
 (b) Address 719 E. Edw. Balch St

17. (a) Burial (b) Date thereof 12-16-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Cemetery

18. (a) Signature of funeral director Daniel Brus

(b) Address 644 Kansas Kansas City Kansas

19. (a) 12-14-46 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 13  
 year 1946 hour 4 minute 00 M.

21. I hereby certify that I attended the deceased from Sept 1  
 1946 to Sept 13 1946  
 that I last saw him alive on Sept 9 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Concussion  
Pneumonia 2 weeks  
 Due to Cerebral arteriosclerosis 1 year  
 Due to hypertension 1 year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

Duration

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? U

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John T. Shaver (M. D. or other) M.P.  
 Address 1102 Grand Ave Date signed 12-14-46

*John A. Skinner, Registrar*

**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..... *H. Simmons* .....

Licensed Embalmer No. *3903* .....

P. O. Address..... *1522* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**