No. 2
12-45
17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

Registration District No. 36

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3076

State File No. 7618

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: At home (If not in hospital or institution, write street number or location)

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

In this community ✓

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. 913 E. Walnut (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME Charles W. Graham

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Oct 6 1939 (Month) (Day) (Year)

8. AGE: Years 7 Months 4 Days 16 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name Chas. F. Graham

13. Birthplace Windsor (City, town, or county) Mo. (State or foreign country)

MOTHER

14. Maiden name Faye Bratten

15. Birthplace Kepler (City, town, or county) Kansas (State or foreign country)

16. (a) Informant P. T. Graham

(b) Address Nevada Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Kepler Kansas

18. (a) Signature of funeral director Hays Funeral Service

(b) Address Nevada Mo.

19. (a) 2-24-47 (Date received by local registrar) (b) Kathryn Jones (Registrar's signature)

By [illegible] (Licensed Embalmer's Statement on Reverse Side)

331

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22 year 47 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h. alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Suffocation and Burns

Due to accidental fire destroying home

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) accident 108

(b) Date of occurrence 2-22-47

(c) Where did injury occur? Nevada (City or town) Vernon (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury fire

23. Signature Mark Eisinger (M. D. or other) Coroner

Address Nevada, Mo. Date signed 2-22-47

RECEIVED
District Health Officer No. 7,
District File Number 9-47-186
Date filed 3-4-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not Embalmed embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Allen V. Kayo

Licensed Embalmer No. 1968

P. O. Address Nevada 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.