

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7621

FILED MAR 3 1947

State File No. _____

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 321

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 ✓
In this community ✓
years, months or days _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Nevada
(If outside city or town limits, write "RURAL") 2

(d) Street No. 913 E. Ebalnut
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marjorie Anne Graham

3. (b) If veteran, name war ✓

3. (c) Social Security None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22
year 47 hour 6 minutes 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.

4. Sex Female 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 Apr 15 1943
(Month) (Day) (Year)

Immediate cause of death Asphyxiation & Burns

Due to accidental fire destroying home

Due to _____

8. AGE: Years 3 Months 10 Days 7
If less than one day _____ hr. _____ min.

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

10. Usual occupation None

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

Major findings: 181
Of operations _____

Of autopsy 15

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

11. Industry or business _____

12. Name Chas. F. Graham

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

14. Maiden name Faye Bratten

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

16. (a) Informant R.A. Graham

(b) Address Nevada, Mo.

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

(c) Place: burial or cremation Kepler Kansas

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

(b) Address Nevada, Mo.

19. (a) 2-24-47 (b) Rayney Quincy
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) accident 108

(b) Date of occurrence I-22-47

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

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

(e) Means of injury fire

23. Signature Mark Eickig Coram - 3
(M. D. or other)

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

33, By _____ (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,
District File Number 2-47-187
Date Filed 3-4-47

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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 *Allen W. Keys*.....

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.