

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Webb **8630**
State File No. _____
Registrar's No. **229**

Registration District No. _____ **128** Primary Registration District No. **2000**

1. PLACE OF DEATH:
(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
446 1/2 South
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **20 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene** **39**
(c) City or town _____ (If outside city or town limits, write "RURAL") **6**
(d) Street No. **446 1/2 South** (If rural, give location) **5**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George M. Graham**
3. (b) If veteran, No. _____ name war _____
3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Dora Graham**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 17 1874**
(Month) (Day) (Year)

8. AGE: Years **72** Months **9** Days **26**
If less than one day _____ hr. _____ min.

9. Birthplace **Scott County Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Music Teacher**

11. Industry or business _____

12. Name **George Graham**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **J. Adams**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dora Graham**

(b) Address **Springfield, Mo.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **3/18/47**
(Month) (Day) (Year)

(c) Place of burial or cremation **Bluff, Illinois**

18. (a) Signature of funeral director **H. H. Lohmeyer**
(b) Address **Springfield, Mo.**

19. (a) **3-14-47** (Date received local registrar) (b) **W J Handley MD** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13**
year **1947** hour **4** minute **45** P.M.

21. I hereby certify that I attended the deceased from **Sept. 12**, 19 **38** to **March 11**, 19 **47**
that I last saw him alive on **March 11**, 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Pulmonary Tuberculosis
Myocardia Insufficiency

Duration
15 yrs.

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) (e) Means of injury _____

23. Signature **Lellie B. Webb** (M. D. or other) _____

Address **Springfield Mo** Date signed **3/14/47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

111

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

Roy H. Maravani

Licensed Embalmer No.

4432

P. O. Address

Springfield

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.