S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9716

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town De Soto (Valle)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None /
(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 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jefferson.
(c) City or town De Soto, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 212 Hardy st.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Georgia Ellen Graham.
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Geo. H. Graham
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased April (Month) 19 (Day) 1876 (Year)

8. AGE: Years 70 Months 9 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Hazelton (City, town, or county) Ind. / (State or foreign country)
10. Usual occupation At Home
11. Industry or business ✓
FATHER
12. Name A. Robb.
13. Birthplace Hazelton (City, town, or county) Ind! (State or foreign country)
MOTHER
14. Maiden name Mary Ellen Cunningham.
15. Birthplace Hazelton (City, town, or county) Ind! (State or foreign country)
16. (a) Informant Ed. Graham.
(b) Address 212 Hardy st. De Soto Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valo halis.
18. (a) Signature of funeral director Joe Mottershed
(b) Address De Soto Mo.
19. (a) 3-15-47 (Date received local registrar) (b) Marie Harris. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th year 1947 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	Duration
Natural Causes	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 8
23. Signature Marie Harris (M. D. or other) Local Registrar
Address De Soto Mo. Date signed 2-17-47

146 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Distrlot Health Officer No. 9,
District File Number 3-28-47
Date Filed

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 L E Mc Chershead

Licensed Embalmer No. 3531

P. O. Address Dodo 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.