

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17858
Registrar's No. 116

Registration District No. 157 Primary Registration District No. 5584

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Avilla
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Years
In this community 25 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Avilla
(d) Street No. 0
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Furlissa Jane GRAHAM
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 12th.
year 1947 hour 6:05 minute P.M.

4. Sex F. / 5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 2 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
May 10 1947 to May 17 1947
that I last saw her alive on May 30 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 1 Days 10
If less than one day hr. min.

Immediate cause of death
Chronic Interstitial Nephritis
Due to
Due to

9. Birthplace Unknown Ark.
(City, town, or county) (State or foreign country)

Other conditions
Major findings: Of operations
Of autopsy

10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Johnathan Dobbs
13. Birthplace Unknown
14. Maiden name Lancaster
15. Birthplace Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.
June 13/47

16. (a) Informant Mr. William J. Graham
(b) Address Avilla, Mo.
17. (a) Burial (b) Date thereof 5 15 47
(c) Place: burial or cremation Red Oak Cemetery

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

18. (a) Signature of funeral director Ed. C. Ulmer.
(b) Address Carthage, Mo.
19. (a) 5-14-47 (b) L. B. O'Connell
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury
23. Signature Dr. L. J. Holmes (M. D.)
Address Miller, Mo. Date signed 5/13/47

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

47-5-432

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.....

James C. Cleaver

working under my personal supervision.

....., Registered Apprentice No. *515*

Gene C. Pugh

Signed.....
Gene. C. Pugh.

Licensed Embalmer No..... *4231*

P. O. Address..... *Carthage, 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.