

S. No. 2
OM-2-43
v. 5-17-39
I X39697

18420

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 22 1947

Registration District No. 291

Primary Registration District No. 5988

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Rural, Elm. Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Livonia, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam

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

(d) Street No. Graysville Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Janice Kay 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 S

6. (b) Name of husband or wife no

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

7. Birth date of deceased Jan. 26 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

-- 3 11 hr. min.

9. Birthplace Unionville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name Graydon Graham

13. Birthplace Scars City Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Clark

15. Birthplace Scars City Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Graydon Graham

(b) Address Livonia Mo.

17. (a) Burial (b) Date thereof May 8-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Cem. & Son

18. (a) Signature of funeral director W. W. McDaniel

(b) Address Unionville, Mo.

19. (a) 5-15-47 (b) Marcell Durbin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th.
year 1947 hour 1:00 minute P M.

21. I hereby certify that I attended the deceased from April 28
1947 to May 7 1947
that I last saw her alive on April 28 May 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-spinal meningitis
Duration _____

Due to Influenza

Due to _____

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

Major findings: Of operations _____

Of autopsy le

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)
Means of injury L

23. Signature W. W. McDaniel (M. D. or other) MD
Address Unionville, Mo. Date signed 5-17-47

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

6
0
0

RECEIVED
District Health Officer No. 10
District File Number 5-47-888
Date Filed MAY-21-1947

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.....

A. O. Hursted

Licensed Embalmer No.....

2975

P. O. Address.....

Unionville, N.C.

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.