V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19960

Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 48

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Grant City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Worth, 113
(c) City or town Union township (If outside city or town limits, write "RURAL") 0
(d) Street No. Sheridan, Mo. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex F 1 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct (Month) 22 (Day) 1946 (Year)

8. AGE: Years | Months 6 | Days 23 | If less than one day hr. min.

9. Birthplace Maryville (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name Glenn A. Graham 0
13. Birthplace Sheridan (City, town, or county) Mo. (State or foreign country)
14. Maiden name Dixie Pearl Mc Clain
15. Birthplace Allendale (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Glenn Graham
(b) Address Sheridan, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hick Cemetery
18. (a) Signature of funeral director G. E. Dunkle
(b) Address Grant City Mo.
19. (a) May 19 1947 (Date received by local registrar) (b) Leta E. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1947 hour 5:45 minute PM.
21. I hereby certify that I attended the deceased from Last, 1947 to May 15, 1947
that I last saw her alive on May 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cholera Infantum	2 da
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Frank B Matteson (M. D. or Coroner)
Address Grant City, Mo. Date signed May 19 47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Jack C Dunlee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.