

No. 2
M-5-43
7-5-17-39
X38671

FILED SEP 5 1947

State File No. _____

Registration District No. 209

Primary Registration District No. 4320

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Palmyra
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Infirmary 5
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") 4

(d) Street No. 208 South Main 4
(If rural, give location) 1

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LEWIS W. GRAHAM

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1947 hour 12:15PM minute _____ 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.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rhoda

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

7. Birth date of deceased August 8 1874
(Month) (Day) (Year)

Immediate cause of death _____

Cerebral Arterio Sclerosis

Due to _____

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	72	11	9	_____ hr. _____ min.

9. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER

12. Name Elisha Graham

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

14. Maiden name Leuela Powell

15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. George Balzer

(b) Address Hannibal, Missouri

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? _____

17. (a) Burial (b) Date thereof 7-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand View Burial Park

23. Signature _____ (Specify type of place) _____ Means of injury _____

(a) Signature _____ (M. D. or other) _____

(b) Address _____ Date signed 8-4-47

18. (a) Signature of funeral director _____

(b) Address Hannibal, Missouri

19. (a) 8-5-47 (b) _____
(Date received local registrar) (Registrar's signature)

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

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..... *H.M. O'Donnell*

Licensed Embalmer No..... *3889*

P. O. Address..... *Samuel 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.