No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38163

Registration District No. 749 | Primary Registration District No. 1002 | Registrar's No. 4836

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatley Hospital (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)
In this community: 39 Years

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson 3
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 8
(d) Street No.: 2505 Park Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Josie Graham
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: Female 3
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: W. L. Graham
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: November 25, 1889 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	11	22	hr. min.

9. Birthplace: Oswego (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Cook
11. Industry or business:
FATHER
12. Name: Charlie Jennison
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name: Mary
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 0
16. (a) Informant: W. L. Graham
(b) Address: 2505 Park Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery
18. (a) Signature of funeral director: Watkins Bros
(b) Address: 1229 Lydia Ave.
19. (a) 11-19-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17 year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 5, 1947 to Nov 17, 1947 that I last saw her alive on Nov 17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive type Heart Disease with Decompensation — Duration
Due to: Arterio Sclerotic nephritis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 13/a
Of autopsy:

PHYSICIAN
Underline the cause of 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, or farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: L. Richardson (M. D. or other)
Address: 1801 Vine Date signed: 11-18-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. L. P. Richardson

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 Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.