

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 6 1947
278

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39187
Registrar's No. 124

Registration District No. _____ Primary Registration District No. 3054

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

3. (a) PRINT FULL NAME Eugene Arthur Graham
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie I. Graham 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Jan. 15 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 13 If less than one day hr. _____ min.

9. Birthplace Grenada, Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Minister of Gospel

11. Industry or business _____

MOTHER FATHER { 12. Name David Graham
13. Birthplace Unknown, Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Rose Lee Fitzgerald
15. Birthplace Unknown, Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.A. Graham
(b) Address Louisiana, Missouri

17. (a) Burial (b) Date thereof 12/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Haley Mortuary
(b) Address Louisiana, Missouri

19. (a) 11/29/47 (b) Bernice Callier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pike 82
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 714 Jackson St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
year 1947 hour 11:59 PM minute _____ M.

21. I hereby certify that I attended the deceased from 1946 to 11-28 1947
that I last saw him alive on 11-28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to Hypertensive Cardiovascular
Due to Renal Disease & Anuria

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:

(c) 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 D

23. Signature Chas H. Jewell (M.D.) _____
Address Louisiana, Mo. Date signed 11/29/47

JAN 9 1948

RECEIVED
District Health Officer No. 10
District File Number 12-47-1663
Date Filed DEC - 5 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~~ _____

~~XXXXXX~~ Registered Apprentice No. _____

working under my personal supervision.

Signed George Q. Wagner
Licensed Embalmer No. 5773

P. O. Address Louisiana, 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.