. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948/9

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41687

Registrar's No. 5564

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: General Hospital No. 1 8
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 hrs. (Specify whether years, months or days)
In this community: 3 Hours

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 611 B E. 16 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Roy Robert Graham ham Infant
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: Male 0
5. Color or race: White
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: 12-31-1947 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	0	3 hrs. min.

9. Birthplace: Kansas City (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER
12. Name: Robert M. Graham
13. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Anna Parman
15. Birthplace: Leeton, Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. Robert M. Graham
(b) Address: 611 East 16th. Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn
18. (a) Signature of funeral director: Mrs. C. L. Forster
(b) Address: Kansas City, Missouri
19. (a) 12-31-47 (Date received local registrar) (b) Gladdine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 31 year: 1947 hour: 10 minute: P. M.
21. I hereby certify that I attended the deceased from Dec. 31, 1947 to 12-31, 1947 that I last saw him alive on 12-31, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 157	
Major findings: Of operations:	
Of autopsy: See above	

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, on farm, in industrial place, in public place? 0 (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Wm W. Hart (M. D. or other) M.D.
Address: Med. Dir. Gen'l Hosp. Date signed: 12-31-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. [illegible]

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.

Body Packed in "Fluid Pack" Head + Thoracic Post taken care of.

Signed Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address 918 Brooklyn

K.C. 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.