

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20301

Registration District No. 177

Primary Registration District No. 0912

Registrar's No. 182

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

1. PLACE OF DEATH:

(a) County Pemiscot

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

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

(d) Length of stay: In hospital or institution _____
In this community all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Stule rural 0
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? N.O. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Margriett Ellen Graham

3. (b) If veteran, — name war. —

3. (c) Social Security No. _____

4. Sex F / 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 20 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

26 1 13 hr. min.

9. Birthplace Bragg City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Harbor work

MOTHER, FATHER

11. Industry or business _____

12. Name J. E. Graham

13. Birthplace Florida field Ky 1
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Hartwell

15. Birthplace Pascala Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia Hartwell

(b) Address Stule Mo Rt 2

17. (a) Burial (b) Date thereof 7-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wayte Mo

18. (a) Signature of funeral director German Dunt Co

(b) Address Stule Mo

19. (a) 7-10-48 (b) [Signature]
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1948 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from September 1948 to July 2, 1948
that I last saw her alive on July 2, 1948
and that death occurred on the date and hour stated above

Immediate cause of death Pneumonia - bronchial Duration 2 days

Due to Malnutrition

Due to Thyroid Adenoma

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

Major findings:
Of operations [Signature]

Of autopsy [Signature]

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? J

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature F. B. Farnsworth (M. D. or other) Do.
Address Braggadocio, Mo. Date signed 7-5-48

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8761 9/1/78

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 *John W. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.