FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 9 1948

Registration District No. 294

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 20463

Registrar's No. 189

1. PLACE OF DEATH:
(a) County: RANDOLPH
(b) City or town: MOBERLY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WABASH RAILROAD EMPLOYES' HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: HOSPITAL (Specify whether)
In this community: 18 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: GENTRY
(c) City or town: STANBERRY
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: JOHN HOWARD GRAHAM
3. (b) If veteran, name war:
3. (c) Social Security No. 703-01-1212
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: DIVORCED
6. (b) Name of husband or wife: Rosalie
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept (Month) 9 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
63	8	10	hr. min.

9. Birthplace: Utah
(City, town, or county) (State or foreign country)
10. Usual occupation: Conductor
11. Industry or business: Wabash RR
FATHER
12. Name: George H Graham
13. Birthplace: Canada
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: no data
15. Birthplace:
(City, town, or county) (State or foreign country)
16. (a) Informant: Norvin Graham
(b) Address: Whittier Calif.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 23-48 (Month Day) (Year)
(c) Place: burial or cremation: Stanberry Mo
18. (a) Signature of funeral director: Mahan & Son
(b) Address: Moberly Mo
19. (a) May 23-48 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: MAY day: 18th
year: 1948 hour: 6 minute: 50 P.M.
21. I hereby certify that I attended the deceased from: MAY 2, 1948, to: MAY 19, 1948; that I last saw him alive on: MAY 19, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CIRRHOSIS OF THE LIVER	1 YEAR
Due to:	
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations: NONE	
Of autopsy: NO 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, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: (M. D. or other)
Address: Moberly Mo Date signed: May 20 1948

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

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

VS APR 18 1960

JUL 9 1948

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 Frank D. DeWitt

Licensed Embalmer No. 5021

P. O. Address Moberly, 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.