

National Office of Vital Statistics

State File No.

FILED AUG 2 1948 65

Registration District No.

Primary Registration District No. 6295

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Ozark
 (b) City or town Longrun Rural Longrun
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution:
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME John F. Graham

3. (b) If veteran, No name war.....
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nancy 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased Sept. 1, 1870
 (Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 15
 If less than one day hr. min.

9. Birthplace Marion Co., Ark.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.....

12. Name N. W. Graham

13. Birthplace Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant J. R. Graham

(b) Address Longrun Mo

17. (a) Burial (b) Date thereof 5-18-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graham

18. (a) Signature of funeral director Clinkingbeard Funeral

(b) Address Ava, Missouri

19. (a) July 29 1948 (b) Mac Johnson
 (Date received from registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ozark
 (c) City or town Longrun Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
 year 1948 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from.....

....., 19....., to....., 19.....;

that I last saw him alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death.....

Worms Duration 2 wks

Due to Cerebral Apoplexy 20 wks

Due to Hypertension 2 wks

Other conditions chronic arteriosclerosis 15 yrs
 (Include pregnancy within 3 months of death)

Major findings: W

Of operations.....

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, on farm, in industrial place, in public

place?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature M. C. Hentry (M. D. no)

Address ava mo Date signed 5-18-48

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

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 _____

W.B. Johnson
or _____
Licensed Embalmer No. *3431*

P. O. Address *Orma Md*

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.