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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 4 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30419

State File No.

Registration District No. 2112 Primary Registration District No. 5779 Registrar's No. 42

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Ettewille (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Franklin Township (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 66
(a) State Mo. (b) County Miller 0
(c) City or town Ettewille 0 (If outside city or town limits, write "RURAL")
(d) Street No. Franklin Township 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME IAN MARION GRAHAM
3. (b) If veteran, name war WORLD WAR 2
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 9 (Day) 1922 (Year)

8. AGE: Years 26 Months 4. Days 19 If less than one day hr. min.

9. Birthplace Ettewille (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Charles F. Graham
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Ethel Ketchel
15. Birthplace Phelps Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Ethel Graham
(b) Address Ettewille, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Pleasant
18. (a) Signature of funeral director Louis D. Phillips
(b) Address Eldon, Mo.
19. (a) 9-30-48 (Date received local registrar) (b) Alverretta Walt (Registrar's signature) 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28 year 1948 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from July, 1948 to Sept 28, 1948 that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Mitral valvular disease	
Due to Rheumatic Fever	
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:
(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 0
23. Signature E. Shelton (M. D. or other) MD
Address Eldon Mo Date signed Sep 29 1948

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 1951

NOV 26 1948

OCT 5 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 Louis D. Phillips, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.