No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 11 1948 49

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36556

Registrar's No. 4905

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: St. Lukes Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days) In this community: 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry

(c) City or town: Clinton (If outside city or town limits, write "RURAL")

(d) Street No.: 409 West Gravelot (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: X

3. (a) PRINT FULL NAME: Baby Girl Graham

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: F W 1

5. Color or race: W

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

6. (b) Name of husband or wife: Infant

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: November (Month) 28 (Day) 1948 (Year)

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace: Clinton, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Infant

11. Industry or business: X

FATHER 12. Name: Will Graham

13. Birthplace: Clinton, Missouri (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Unknown

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

16. (a) Informant: Will Graham

(b) Address: Clinton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 1, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Clinton, Missouri

18. (a) Signature of funeral director: Consalus & Peck Funeral

(b) Address: Clinton, Missouri

19. (a) 12-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29 year 1948 hour 4 minute 10 P M.

21. I hereby certify that I attended the deceased from Pathologist to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Cryptorchidism, Hepatomegaly

Due to: Splenomegaly

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: N/C

Of autopsy

Duration

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

23. Signature: E.C.H. Schmidt (M. D. or other)

Address: St. Luke's Hospital Date signed: 30 Nov 1948

(Licensed Embalmer's Statement on Reverse Side)

hepatomegaly
splenomegaly

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ not embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address Kansas City 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.