S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 30 1948
Registration District No. 163

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3031

40556
State File No.
Registrar's No. 85

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Desoto Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Arlington Hotel (E main St)
(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:
(a) State Mo (b) County Jefferson
(c) City or town Desoto
(If outside city or town limits, write "RURAL")
(d) Street No. Arlington Hotel (E main St)
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH CARLON GRAHAM
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Stella Graham
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept. 22 (Month) 1891 (Day) (Year)

8. AGE: Years 57 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Mammoth (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Hotel Keeper
11. Industry or business
FATHER
12. Name Prime Graham
13. Birthplace Jefferson Co. (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Stella Graham
(b) Address Desoto Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Park
18. (a) Signature of funeral director [illegible]
(b) Address Desoto Mo
19. (a) 12/24/48 (Date received local registrar) (b) Marie Farrar (Registrar's signature) 146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1948 hour 12 minute 01 a.m.
21. I hereby certify that I attended the deceased from September 1947, to Dec. 14 1948;
that I last saw him alive on Dec 7, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina pectoris	2 years
Due to: Arteriosclerosis of coronary arteries	2 to 4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 9/13

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 Thomas A. Donnell (M. D. or other) M.D.
Address Desoto, Mo. Date signed 12-20-48

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

RECEIVED
District Health Officer No. 9,
District File Number DEC 29 1948
Date Filed

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 Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Dekalb 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.