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FILED JAN 20 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42632**

Registration District No. **347**

Primary Registration District No. **3018**

Registrar's No. **60**

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Community Clinic Hospital
(If not in hospital or institution, write street number or location)

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

In this community 18 yrs
years, months or days

3. (a) PRINT FULL NAME John F Graham

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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 10 1922
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>18</u>	<u>6</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Truck Driver

11. Industry or business _____

12. Name George F Graham

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

14. Maiden name May Hite

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

16. (a) Informant George F Graham

(b) Address Osceola Mo

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Line Consaban

(b) Address Clinton Mo

19. (a) Dec 27 1940 (b) W. J. Houston
(Date received local registrar) (Registrar's signature)

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 W Gravel
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1940 hour 3 minute 30A M.

21. I hereby certify that I attended the deceased from Dec 8
1940 to Dec 8 1940,
that I last saw him alive on Dec 8 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
Fracture of cervical vertebrae
consequent to trauma
due to accumulation of rocks.

Due to _____

Other conditions
(Include pregnancy within 3 months of death) AD 20

Major findings:
Of operations _____
Of autopsy not done

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) accident

(b) Date of occurrence Dec 8, 1940

(c) Where did injury occur? Clinton, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrious Highway 13 & 35

While at work? Yes (Specify type of place) _____
(c) Means of injury auto overturn

23. Signature [Signature] (M. D. or other) MD

Address [Address] Date signed 12-8-40

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 1-41-26

Date Filed 1-3-41

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

Licensed Embalmer No. 2478

P. O. Address Clinton 7A

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

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