

Registration District No. **247**

Primary Registration District No. **3018**

Registrar's No. _____

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: _____
(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)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry **042**

(c) City or town Clinton **1**
(If outside city or town limits, write "RURAL")

(d) Street No. 521 South Orchard
(If rural, give location)

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

3. (a) PRINT FULL NAME James Green Graham

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1941 hour 10 minute 11 P M.

21. I hereby certify that I attended the deceased from _____, 1938, to July 5, 1941;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Mary, E. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 12 1859
(Month) (Day) (Year)

Immediate cause of death Sudden death due to coronary disease

Due to coronary thrombosis

Due to arteriosclerosis

Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years 82 Months 1 Days 25 If less than one day _____ hr. _____ min.

Major findings: Of operations none **940**

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Portsmouth Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation car repair man

11. Industry or business for 10th St

12. Name James Graham

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

14. Maiden name Angeline McLaughlin

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

16. (a) Informant Will Graham

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 7-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalus Beck

(b) Address _____

19. (a) 7-24-41 (b) Dr. J. R. Hampton
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 S. B. Hughes (M. D. or other) MD

Address Clinton, Mo. Date signed 7/2/41

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

2
1
1

RECEIVED
District Health Officer No. 7,
District File Number 8-41-1341
Date Filed, 8-14-41

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

J. E. Corralan

Licensed Embalmer No. 1891

P. O. Address _____

Clinton 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.