

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

27473

FILED SEP 11 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 137

Primary Registration District No. 4217

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Witch
(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 _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 4/2

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Will Edward 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 widower

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

7. Birth date of deceased: 12 (Month) 9 (Day) 1862 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st
year 1945 hour 3⁰⁰ minute 00 A.M.

21. I hereby certify that I attended the deceased from August
Aug 29, 1945, to Aug 31, 1945
that I last saw him alive on Aug 31, 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>8</u>	<u>8</u>	_____ hr. _____ min.

Immediate cause of death: Cardio-Vascular Disease

Due to Sanity

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation Farming

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name William Graham

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

14. Maiden name Unknown

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

MOTHER FATHER

16. (a) Informant Ames Graham

(b) Address Witch

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 9-2-45 (Month) (Day) (Year)

(c) Place: burial or cremation Witch

18. (a) Signature of funeral director W. J. Brown

(b) Address Witch MO

19. (a) _____ (b) W. J. Brown (Registrar's signature)
(Date received local registrar)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. G. McDonald (M. D. or other)
Address Sept 1st 1945 Witch Mo

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

District Health Officer No. 7.
License No. 8-45-945
Date Filed 9-10-43

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 R. R. Kenney
Licensed Embalmer No. 3099
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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sept 25
Registrar's No. 25

Registration District No. 137

Primary Registration District No. 4217

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Wich
(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)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
 (c) City or town Wich Missouri
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Will E. Graham
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex m 5. Color or race w
 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 9 1882
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days _____
(Unless than one day)
 hr. _____ min.

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

10. Usual occupation farmer

MOTHER FATHER

11. Industry or business _____
 12. Name William Graham
 13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Emr Graham
 (b) Address Wich Mo
 17. (a) Burial (b) Date thereof 9 2 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Norris Cemetery

13. (a) Signature of funeral director J W Brown
 (b) Address Wich Mo
 19. (a) Sept 5 1945 (b) R N Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1945 hour _____ minute _____ AM.
 21. I hereby certify that I attended the deceased from Aug 29 1945 to Aug 31 1945
 that I last saw h. alive on Aug 31 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death cardiovascular
 Due to senility
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy no
 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?
 While at work? _____
(Specify type of place)
 (e) Means of injury _____

23. Signature J Mc Donald (M. D. or other) _____
 Address Wich Missouri Date signed 9-1-45

SUPPLEMENTARY

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

S-27473