

FILED MAR 21 1947

Registration District No. 137

Primary Registration District No. 5502

Registrar's No. 53

1. PLACE OF DEATH:

(a) County HENRY

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

(c) Name of hospital or institution:
BEAR CREEK TWP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days)

In this community 2 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry

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

(d) Street No. Bearcreek Twp.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME GEORGE GARLAND GRAHAM

3. (b) If veteran, name war NONE

3. (c) Social Security No. 497-14-6539

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MABLE WEAVER GRAHAM 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased SEPT 2 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 6 10 hr. min.

9. Birthplace St. Clair Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business W

12. Name J. G. GRAHAM

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

14. Maiden name ANNA J. JOHNSON

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

16. (a) Informant Richard Graham

(b) Address Montrose Mo.

17. (a) Burial (b) Date thereof 3-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trinity Chapel Cem.

18. (a) Signature of funeral director W. H. Vassant

(b) Address Clinton Mo.

19. (a) 3-14-47 (b) R. R. Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1947 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from March 11 1947, to March 12 1947
that I last saw him alive on March 11 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis & congestive failure

Duration 24 hours

Due to Chronic valvular heart disease 19 years

Due to (old) Pneumonia Fever

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gms

Of autopsy _____

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? _____

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

23. Signature Edward Barnett, D.O. (M. D. or other) MD

Address Clinton, MO. Date signed 3/14/47

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

42
9

MOTHER FATHER

1000

RECEIVED
District Health Officer No. 7,
District File Number 2-47-253
Date Filed 3-12-47

APR 8 1947

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..... *W. J. Gausant*

Licensed Embalmer No. *3779*

P. O. Address. *Blanton*

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.