

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38626

DEC 11 1939

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 4390

1. PLACE OF DEATH: 2
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
1319 East 32nd Terrace.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Eva B. GRAHAM. 650
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James P. Graham. 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Sept. 11th 1874
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 5 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business 1

MOTHER FATHER { 12. Name Henry Burgard 6
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth M. Alford
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James P. Graham
(b) Address 1319 East 32nd Terrace.

17. (a) Burial (b) Date thereof 11/18/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.

19. (a) Nov 17 1939 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL.")
(d) Street No. 1319 East 32nd Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1939 hour 6:30 minutes AM

21. I hereby certify that I attended the deceased from Sept 29 39
to present 19____; that I last saw him alive on Nov 14 - 39; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____
Due to Carcinoma pancreas
Due to metastasis to liver
Stomach, etc
Other conditions 46
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: Of operations as above
Of autopsy none
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) none
(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 Wm. M. Williams (M. D. of State) _____
Address 736 W. 4th St. Date signed _____

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Vincent Williams

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.....
Licensed Embalmer No. 2999
P. O. Address..... AC

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, above space should be left blank.