S. No. 2
—4-13-40
. 5-17-39
I X2315

FILED SEP 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27997

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 899

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

1. PLACE OF DEATH
(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 2 mos. 27 ds. (Specify whether
In this community ~~no information~~ 1 yr. 2 mos. 27 ds.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town K. C.
(If outside city or town limits, write "RURAL")
(d) Street No. 6035 E. 15th.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ——— years.

3. (a) PRINT FULL NAME Walter A. Graham 650
3. (b) If veteran, name war ——
3. (c) Social Security No. —— none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~husband~~ or wife Dora
6. (c) Age of ~~husband~~ or wife if alive 64 years
7. Birth date of deceased Oct. (Month) 5 (Day) 1873 (Year)

8. AGE: Years 66 Months 10 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (City, town, or county) Md. (State or foreign country) 1
10. Usual occupation salesman (groc.)
11. Industry or business Chronic invalid
FATHER
12. Name John E. Graham
13. Birthplace Baltimore (City, town, or county) Md. (State or foreign country) 1
MOTHER
14. Maiden name Julia Borrichman
15. Birthplace ? (City, town, or county) Md. (State or foreign country) 1
16. (a) Informant Mrs. Edna S. Hinsroth
(b) Address 6035 E. 15th. K.C. Mo.
17. (a) burial (Burial, ~~cremation~~, or ~~removal~~) (b) Date thereof 8-17-40 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Memorial Park
18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address 1946 Colhoun St. Joseph, Mo.
19. (a) Aug 17, 1940 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15 year 1940 hour 5 minute 55 A.M.
21. I hereby certify that I attended the deceased from May 19, 1939, to Aug 15, 1940 that I last saw him alive on " " 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: carcinoma of adrenals	several months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations no operation
Of autopsy as above stated with metastasis of lymph nodes.

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?
85 (Specify type of place)
While at work? (e) Means of injury
23. Signature T. T. O'Dell (M. D. ~~or other~~) 1
Address St. Joseph Date signed 8/15/40

(Licensed Embalmer's Statement on Reverse Side)

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 Me

_____, Registered Apprentice No._____,

working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph 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.