

Registration District No. 18-31

Primary Registration District No. 5890

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Tobacco
 (b) City or town Rural Columbus Twp
 (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 Tobacco
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Columbus Twp
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Clarence Neal Graham

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex M

5. Color or race Wk

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct. 13, 1885
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>10</u>	<u>21</u>	_____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER
 { 12. Name Henry Clay Graham
 { 13. Birthplace Lafayette Co. Mo.
 { 14. Maiden name Mollie DeKaster
 { 15. Birthplace Lafayette Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Johnnie Graham
 (b) Address _____

17. (a) Burial (b) Date thereof Sept 6, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lafayette Co. Mo.

18. (a) Signature of funeral director W. S. Wilcox
 (b) Address Warrensburg Mo.

19. (a) Sept 6, 1940 (b) Bertie Lentz by L.A.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on sudden _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to High blood pressure

Due to _____
 Other conditions _____
 (Includes pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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 T. J. Bradley (M. D. or other) _____
 Address Warrensburg Mo. Date signed Sept 5, 1940

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.

SEE INSTRUCTIONS ON REVERSE SIDE FOR MAKING A FURNACE RECORD

RECEIVED
District Health Officer No. 8,
District File Number 10-9-40
Date Filed

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.....

.....
working under my personal supervision.

Signed *Donald W. Griffin* Registered Apprentice No.
Licensed Embalmer No. *3053*
P. O. Address *Warrensburg 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, above space should be left blank.