

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Non-Resident
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A. ? _____ years

RECORDED DEC 11 1940

3. (a) PRINT FULL NAME Richard X DeGraw

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 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 June 24, 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Retired 25 yrs.

12. Name Hamilton DeGraw

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

14. Maiden name Mary Dick

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

16. (a) Informant Hamilton DeGraw

(b) Address Akron, Ohio

17. (a) removal (b) Date thereof 11-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield, Mo.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kansas

19. (a) 11-5-40 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1940 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from Sept 4
1940, to Nov 4 1940;

that I last saw him alive on Nov 4 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Subacute bacterial endocarditis 3 ac

Due to Streptococcus

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy Bacterial endocarditis

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 Ben J. P. Plumber (M. D. or other) M.D.

Address 820 Professional Bldg Date signed 11/5/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Robert C. Davis office
Professional Bldg
2-3

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

D. Ross Blanford

Licensed Embalmer No.

4015

P. O. Address

4148 State St.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.