

Registration District No. 514

Primary Registration District No. 5682

Registrar's No. 13

RECEIVED
 DECEASED
 10/28/40

1. PLACE OF DEATH:

(a) County Lickington
 (b) City or town Braymer
 (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 1
 In this community 3
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
 (c) City or town Mandeville Res Rural
 (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.

3. (a) PRINT FULL NAME

WILLIAM ALVIN GYAHAM

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 14 1869
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Harrison Graham

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

14. Maiden name Rayne

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

16. (a) Informant Robert Graham

(b) Address Braymer Mo.

17. (a) Burial (b) Date thereof 10-30-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith

18. (a) Signature of funeral director E. A. Dickerson

(b) Address Braymer Mo.

19. (a) 11-29-40 (b) Luigi J. Jany
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
 year 1940 hour 4 minute 8 M.

21. I hereby certify that I attended the deceased from May 29
 _____, 1940, to Oct 28, 1940
 that I last saw him alive on Oct 28, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate gland?
Obstructing prostatic

Due to metastasis of carcinoma
 Due to to liver

Other conditions 51
 (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Prostate
 Of operations gland. Operated June 12-40
 Of autopsy None

Duration _____
 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?

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

23. Signature Geo. S. Powell (M. D. or other) _____
 Address Braymer Mo. Date signed Oct 29 40

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

MOTHER FATHER

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.....

Bill Dickerson

Licensed Embalmer No.

2534

P. O. Address.....

Bogard, Mo

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, fact should be so stated above.