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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAILED FEB 17 1941
Registration District No. 426

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3072
Registrar's No. 2

Primary Registration District No. 4252

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

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Chilhowee
(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 16 years
In this community 16 years
years, months or days

8. (a) PRINT FULL NAME Robert Franklin Graham
(b) If veteran, name war _____ (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 Jennie Graham 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb 8th 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 12 If less than one day hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business Retired Merchant

12. Name James J. Graham

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

14. Maiden name Louise Stockton

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

16. (a) Informant Ray Graham

(b) Address Chilhowee, Mo.

17. (a) Burial (b) Date thereof 1-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pisgah Cem

18. (a) Signature of funeral director O. L. Wood
(b) Address Chilhowee, Mo.

19. (a) 1-23-41 (b) O. L. Wood
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Chilhowee, Mo.
(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? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 20th
year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 15th
1940, to Jan 20, 1941;
that I last saw him alive on Jan 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocardial degeneration
Due to Arteriosclerosis + Cerebral sclerosis
Due to Senile dementia
Other conditions
(Include pregnancy within 3 months of death)
A3H

Major findings:
Of operations _____
Of autopsy none
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? _____

23. Signature G. W. Kendall (M. D. or other) D
Address Chilhowee Mo Date signed 1/21-41
862 (Specify type of place) While at work? (e) Means of injury _____

RECEIVED
District Health Officer No. 8
District File Number 2-10-41
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.....

....., Registered Apprentice No.....

.....
working under my personal supervision.

Signed..... *O. T. Leach*.....

Licensed Embalmer No. 2708.....

P. O. Address... *Chilhowee, 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.