

**MAR 20 1941** 89  
Registration District No. \_\_\_\_\_

Primary Registration District No. **5434-4054**

Registrar's No. **129**

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

**1. PLACE OF DEATH:** Butler  
(a) County Butler  
(b) City or town Neelyville  
(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)

**3. (a) PRINT FULL NAME** Willis Graham  
**3. (b) If veteran, name war** \_\_\_\_\_ **3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** MALE **5. Color or race** Negro **6. (a) Single, widowed, married, divorced** INFANT  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
alive \_\_\_\_\_ years  
**7. Birth date of deceased** MAR 5 1941  
(Month) (Day) (Year)

**8. AGE:** Years \_\_\_\_\_ Months \_\_\_\_\_ Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**10. Usual occupation** Infant

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** Fred Graham  
**13. Birthplace** New Madrid Mo  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Ophelia Jackson  
**15. Birthplace** Neelyville Mo  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Fred GRAHAM  
**(b) Address** Neelyville Mo.

**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** MAR-9-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Neelyville Mo.

**18. (a) Signature of funeral director** Floyd Jones

**(b) Address** Neelyville Mo.

**19. (a) 3/15/41** **(b) Kato Lutz**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State MISSOURI (b) County Butler 12  
(c) City or town Neelyville Mo. 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month MAR day 8  
year 1941 hour 6 minute 30 P.M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Very Weak from Birth  
Duration \_\_\_\_\_

Due to unknown  
no doctor in attendance  
Due to Signed: Fred Graham, Father

Other conditions \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

**PHYSICIAN**  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 9

**23. Signature** \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

OF GA.  
EMBALMERS

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6390  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Butler Registration District No. 405489  
 (b) Township..... Primary Registration District No. 4054 Registered No.....  
 (c) City Neelyville (d) Street No..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willis Graham  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Inf.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....  
 9. Industry or business in which work was done, as saw mill, bank, etc.....  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER  
 13. NAME  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1/8/41 19... Kate Lutz Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8, 1941

22. I HEREBY CERTIFY, That I attended deceased from ..... to....., 19.....  
 I last saw h. .... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:  
Very Weak Heart.  
cause unknown  
No doctor in attendance.  
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify Kate Lutz Registrar  
 (Signed) Poplar Bluff Mo.  
 (Address)

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-6390