

Registration District No. 400

Primary Registration District No. 5502/2

Registrar's No. 40

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

1800

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: J.C. Emerg. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 1/2 hrs.
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 404 East Elm
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME COLUMBUS G. GRAHAM

(b) If veteran, name war NONE

(c) Social Security No. 2-10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
year 1941 hour 6 minute 20 A.M.

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Mattie Graham

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 4 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-19-1941 to 2-20-1941

that I last saw her alive on 2-20-1941
and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|----------------------|
| <u>63</u> | <u>10</u> | <u>16</u> | hr. _____ min. _____ |

Immediate cause of death Broncho-pneumonia
ONIA
TOXIC HEPATITIS

Due to _____

Due to _____

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

10. Usual occupation Ice Delivery

Other conditions Hypertensive Myocarditis
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business Ice Cold Storage Co.

12. Name Robert Graham

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

14. Maiden name Elizabeth Barnett

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

Major findings: Of operations _____

Of autopsy None

16. (a) Informant Mrs. Mattie Graham (wife)

(b) Address 404 E. Elm

17. (a) Burial (b) Date thereof 2-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director George P. Basson

(b) Address Independence, Mo.

19. (a) 2-21-41 (b) Sau. P. Jones
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature Bonnette N. V. Jones (M. D. or other) _____

Address St. Joseph, Mo. Date signed 2/20/41

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 Raymond N. Martin

Licensed Embalmer No. 415-0

P. O. Address Independence 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.