

DEPARTMENT OF COMMERCIAL AND INDUSTRIAL STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS  
1941  
STANDARD CERTIFICATE OF DEATH

14125

Registration District No. 125 Primary Registration District No. 3009 State File No. Registrar's No. 171

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Francis Hospital U  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week (Specify whether  
In this community years, months or days)

3. (a) PRINT FULLNAME Laura Graham  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Widdowed  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 5 11 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 17 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER  
12. Name Flemin S. Ross  
13. Birthplace Dresden Tenn. (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Stoker  
15. Birthplace Dresden Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Effie Lindley  
(b) Address Sikeston Mo.

17. (a) Burial (b) Date thereof 4/29/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director (b) Address Sikeston Mo.

19. (a) 4-29-41 (b) J. M. [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Scott 100  
(c) City or town Sikeston 5 (If outside city or town limits, write "RURAL")  
(d) Street No. 2 (If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 28 year 1941 hour 2 minute 15 a. M.

21. I hereby certify that I attended the deceased from 4-19 1941 to 4-28 1941 that I last saw OR alive on 4-27 1941 and that death occurred on the date and hour stated above.

Immediate cause of death  
Proprio-Proneo 19 (Hypostatic)  
Due to Hernia Umbilical (operation)  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Umbilical Hernia  
Of operations  
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?

23. Signature A. L. Dierckx (M. D. or other) Date signed 4/29/41 While at work? (Specify type of place) (e) Means of injury

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

---

---

**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 *John Alhitta*  
Licensed Embalmer No. *2941*  
P. O. Address *Berkshire*

**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.**