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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
Waters  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15294

Registration District No. 821 Primary Registration District No. 5801

Registrar's No.

1. PLACE OF DEATH:  
(a) County New Madrid  
(b) City or town Matthews  
(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  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County New Madrid  
Matthews  
(c) City or town  
(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.?

3. (a) PRINT FULL NAME Mamie Lee Gilmore Graham  
(b) If veteran, name war  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 4 day 1  
year 1941 hour 3 minute 0 a. M.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Harvey Graham 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased 9 27 1910  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 23, 1941, to April 1, 1941;  
that I last saw her alive on April 1, 1941,  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
30 6 4 hr. min.

Immediate cause of death  
Bronchial Pneumonia  
Duration

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

Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

10. Usual occupation Housework

11. Industry or business

12. Name John W. Gilmore  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Maudie Morrison  
15. Birthplace Stoddard Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Gilmore  
(b) Address Matthews xx Max Painton Mo. 1

17. (a) Burial (b) Date thereof 4/2/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Matthews Mo.

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director John C. Sikeston  
(b) Address Sikeston Mo.  
19. (a) May 6-41 (b) W. H. Russell  
(Date received local registrar) (Registrar's signature)

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) while at work? (c) Means of injury  
23. Signature W. H. Russell (M. D. or other)  
Address Date signed

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

**RECEIVED**

District Health Officer No. 2

District File Number 541-55

Date Filed 5/8/41

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**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 A. ...*

Licensed Embalmer No. 2941

P. O. Address Lakeside ...

**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.**