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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18893

MAILED JUN 11 1941

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 73

1. PLACE OF DEATH:

(a) County St. Francis St. Francis
(b) City or town New Farmington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 4 months - Ed
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Richwood
(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? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1941 hour 1 minute 20 p. M.
21. I hereby certify that I attended the deceased from January
28th, 1941, to _____, 1941;
that I last saw her alive on May 5, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Encephalitis with
marked epilepsy
Due to: Undetermined organic, possibly
Meissner (Vascular degeneration - organic)
Due to: found 2-4-39

Other conditions: Maniculation, marked
(Include pregnancy within 3 months of death)
② Psychosis with organic changes of
Major findings: nervous system
Of operations: none
Of autopsy: Chronic encephalitis (patched
remnants throughout brain)

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?
6018A (Specify type of place)
While at work (e) Means of injury _____

23. Signature E. C. Ault (M.D. or other) CMA
Address _____ Date signed 5/10/41

3. (a) PRINT FULL NAME Glma Lucindy Graham

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 29 1930
(Month) (Day) (Year)

8. AGE: Years 10 Months 4 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Student

11. Industry or business _____

12. Name Charles E. Graham

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

14. Maiden name Maudie Barton

15. Birthplace Madison Branch Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hosp of

(b) Address New Farmington, Mo.

17. (a) Burial (b) Date thereof 5-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State Hospital No. 4

18. (a) Signature of funeral director Farmington Ind Co

(b) Address Farmington Ind Co

19. (a) May 8-41 (b) B. B. Robinson
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.