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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20899

State File No.

2423

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
26 West 57th Terrace,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community Since September, 1940, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 26 West 57th Terrace,
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME John Graham,

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

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

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

7. Birth date of deceased October 19 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 6 hr. min.

9. Birthplace England, A
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER
12. Name James Graham,
13. Birthplace England, A
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Forster,
15. Birthplace England, A
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Marvin,

(b) Address 26 West 57th Terrace, K. C., Mo.

17. (a) Removal (b) Date thereof 6-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgway, Kansas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gilham Plaza, K. C., Mo.

19. (a) 6/26/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th,
year 1941 hour 10:40 minute P. M.

21. I hereby certify that I attended the deceased from 6-19, 1941, to 6-25, 1941.
that I last saw him alive on 6-25, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death obstruction of bowels

Due to unknown

Due to _____

Other conditions myocardial failure
(Include pregnancy within 3 months of death)
chronic

Major findings:
Of operations _____

Of autopsy no

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?

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

23. Signature J. P. Samba (M. D. or other)
Address City Date signed 6-26-41

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

Dr. T. S. Burke,

ansy dr Gladys

1 to 5-

413

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.....

Willis H. Bennett

Registered Apprentice No. *282*

working under my personal supervision.

Signed *E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *T. C. 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, fact should be so stated above.