

13-40
17-39
X23159

Kindi 1940
AUG 13 1940
Registration District No. 45

Primary Registration District No. 4553

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether
In this community 14 months years, months or days)

2. USUAL RESIDENCE OF DECEASED: 72

(a) State Missouri (b) County New Madrid

(c) City or town Matthews
(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.? 0 years.

3. (a) PRINT FULLNAME Carl Eugene Graham

3. (b) If veteran, name war: --

3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6-23 day 41
year 1941 hour 5 minute 45pm

4. Sex M 5. Color or race W

6. (a) Name of husband or wife: --

6. (b) Single, widowed, married, divorced: --

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

7. Birth date of deceased: May 2 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-30-41
1941 to 6-30-41, 1941
that I last saw him alive on 6-30-41
and that death occurred on the date and hour stated above.

8. AGE: Years 1 1/2 Months 1 Days 200
If less than one day: _____ hr. _____ min.

Immediate cause of death: Menigeocele following rupture of metopsele Hydrocephalus Duration 1 yr.

Due to: _____

Due to: 157a

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

10. Usual occupation: --

11. Industry or business: --

MOTHER FATHER { 12. Name: Harvey Graham

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

14. Maiden name: Winnie Gilmore

15. Birthplace: Scott County Missouri
(City, town, or county) (State or foreign country)

Other conditions: Two Meningocele
(Include pregnancy within 3 months of death)
extending from 2 Quilts

Major findings: to 8 thoracic vertebra

Of autopsy: _____

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: Harvey Graham

(b) Address: Matthews, Missouri

17. (a) Burial (b) Date thereof: 7-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Matthews, Missouri

18. (a) Signature of funeral director: John ...

(b) Address: Sikeston, Missouri

19. (a) 8-4-41 (b) Matthews
(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? _____ (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)

(a) Means of injury: _____

23. Signature: Howard ... D. or _____
Date signed: 7-2-41

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

RECEIVED
District Health Office No. 2,
District File Number 841-1046
Date Filed 8-11-41

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.....

Not Embalmed

..... Registered Apprentice No.....

working under my personal supervision.

Signed John A. [Signature]

Licensed Embalmer No. 2941

P. O. Address [Signature]

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.