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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30593

Registrar's No. 3350

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: General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9-1-41-9-3-41 (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1111 Campbell 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SAMMIE GRAHAM

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female 5

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Arthur Graham

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

7. Birth date of deceased Feb. 18, 1897 (Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Melton, Tenn. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie Prather
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Rosalie Watson Hugh
(b) Address 1111 Campbell

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/8/41 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem.

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia Ave

19. (a) 9/8/41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3
year 1941 hour minute 6:55 p/M.

21. I hereby certify that I attended the deceased from September 1, 1941 to September 3, 1941
that I last saw her alive on September 3, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CASEOUS PNEUMONIA	
Due to Fibrocaseous pulmonary tuberculosis	
Due to 13	
Other conditions (Include pregnancy within 3 months of death) 13	
Major findings: Of operations	
Of autopsy Findings as stated above	

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

23. Signature [signature] (M.D. or other) 0
Address Gen Hosp #2 Date signed 9/6/41

(Licensed Embalmer's Statement on Reverse Side)

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 Isaac Jerome Marlowe

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.