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13-40
17-39
X23159

FILLED OCT 13 1941

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days
(Specify whether years, months or days)

In this community 7 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Blanch E. Graf

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William A. Graf

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July 21 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	2	5	hr. _____ min.

9. Birthplace New Hampshire
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name W. B. Bickford

13. Birthplace New Hampshire
(City, town, or county) (State or foreign country)

14. Maiden name Angeline Bradley

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant William A. Graf

(b) Address Graf Nebraska

17. (a) Removal (b) Date thereof 9-27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tecumseh Nebraska

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Mo.

19. (a) 9/26/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Johnson

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

(d) Street No. 2
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 26th. year 41 hour 6 minute 5 P. M.

21. I hereby certify that I attended the deceased from 9-23-41 to 9-26-41 that I last saw her alive on 9-26-41 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/10

Major findings: Of operations Ch. Infected Gall Bladder

Of autopsy _____

Duration

3 Days

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 P. J. ... (M. D. or other) 0

Address P. J. ... Date signed 9-27-41

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

7/30 A.M. Saturday

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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address A. E. Me

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.