

FILED MAR 20 1942
727

Registration District No. _____

Primary Registration District No. 4213

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not Confined
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community Life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Charles H. Graham

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife LaBertha O. Graham 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May 17 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

MOTHER FATHER
12. Name Robert B. Graham
13. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy J. King
15. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. B. Graham
(b) Address Magnolia, Mo.

17. (a) Burial (b) Date thereof 3/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Centerview Cemetery

18. (a) Signature of funeral director J. H. Murray
(b) Address Holden, Mo.

19. (a) March 9 (b) Miss Frank Morris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson
(c) City or town Holden
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1942 hour 6 minute 15
21. I hereby certify that I attended the deceased from February 21, 1942, to March 7, 1942
that I last saw h. i. m. alive on March 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis
Due to Chronic myocarditis + myocardial degeneration
Due to Chronic nephritis
Other conditions Pneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
1318

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 James M. Halenstep
Address Holden, Mo Date signed 3/7/42

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

RECEIVED

Health Officer No. 8,
File Number _____
Date Filed 3-18-42

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 Me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. H. Murray
Licensed Embalmer No. 2893
P. O. Address Holden, 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, above space should be left blank.