

S. No. 2
M-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23401

FILED AUG 1 1942

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2778

48
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8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Eddy Convalescent Home-300 Benton Blvd.
(d) Length of stay: In hospital or institution 29 Years
In this community 29 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 300 Benton Blvd.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mr. Seward Robert Graham
(b) If veteran, name war No
(c) Social Security No None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 20th
year 1942 hour 11 minute 32 A.M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Mary D. Graham
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased July 8 1860

21. I hereby certify that I attended the deceased from May 13 1933 to July 20 1942
that I last saw him alive on July 8 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
82 0 12 hr. min.

Immediate cause of death. Auricular fibrillation Duration 3 hrs

9. Birthplace Chenoa Illinois /
(City, town, or county) (State or foreign country)

Due to Arteriosclerosis

10. Usual occupation Clothing Merchant

Due to 97

11. Industry or business Retired

Other conditions (Include pregnancy within 3 months of death)

12. Name Joseph Graham

Major findings: Of operations

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

Of autopsy

14. Maiden name Sarah E. McKnight
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Mary D. Graham
(b) Address 5134 Wyandotte Street

(a) Accident, suicide, or homicide (specify)

17. (a) Removal (b) Date thereof July 21, 1942
(c) Place: burial or cremation Hope Cemetery Hiawatha, Kansas

(b) Date of occurrence

18. (a) Signature of funeral director O.N. Hewson
(b) Address 1401 Brush Creek Blvd.

(c) Where did injury occur? (City or town) (County) (State)

19. (a) 7-21-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury

23. Signature J. Sheehan (M. D. or other)
Address 1116 E. Armour Blvd Date signed 7-20-42

11/6 Wmmbin 1211
2:30-5:30

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 *H. A. Newcomer*
Licensed Embalmer No. 4043
P.O. Address *Kemo*

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.