

FILED AUG 11 1942

Registration District No. 605

Primary Registration District No. 605 4359

Registrar's No. 5804

72
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Parma, Rt. 2 (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 18 yrs. (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Parma Rt. 2 (If outside city or town limits, write "RURAL")

(d) Street No. 3 1/2 mi SW Parma (If rural, give location)

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

3. (a) PRINT FULL NAME Mack Graham

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 2

5. Color or race Negro

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

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

7. Birth date of deceased April 3 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 16
If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Calvin Graham

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

14. Maiden name Unknown

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

16. (a) Informant Iola Maize

(b) Address Parma, Mo; Rt. 2

17. (a) Burial (b) Date thereof July 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Broadwater Cemetery

18. (a) Signature of funeral director J. O. Miswonger

(b) Address Parma, Mo;

19. (a) Aug 9 /42 (b) Ms S. B. Rademake
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 10 day 19 1942
year 3/2 hour 6 minute 6 A.M.

21. I hereby certify that I attended the deceased from July 1 1942 to July 6 1942
that I last saw him alive on July 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage July 1
High Blood Pressure

Due to _____

Due to _____

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations ✓

Of autopsy ✓

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 J. J. Madden Date signed July 19/42

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

Signed

B. J. Brentlinger

Licensed Embalmer No.

4209

P. O. Address

Dexter, 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, fact should be so stated above.