

No. 2  
1-4-41  
-17-  
X-3300

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 3 1943 128  
REGISTRATION DISTRICT No. \_\_\_\_\_

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2237

State File No. \_\_\_\_\_  
Registrar's No. 69

Primary Registration District No. 2000

39  
12  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution: 2350 N. MISSOURI 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County GREENE  
(c) City or town SPRINGFIELD  
(d) Street No. 2350 N. MISSOURI  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME ROBERT VIRGIL GRAHAM.  
(b) If veteran, name war NONE  
(c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JANUARY day 21  
year 1943 hour 3 minute 15 P.M.

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced SINGLE  
7. Birth date of deceased: AUG. 23, 1941

21. I hereby certify that I attended the deceased from Jan 21, 1943 to Jan 21, 1943  
that I last saw him alive on Jan 21, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 1 Months 4 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Laryngeal diphtheria  
Due to: Diphtheria infection  
Duration: 3 days

9. Birthplace AURORA MO.

Other conditions: ✓  
Major findings: 10

10. Usual occupation CHILD

11. Industry or business AT HOME

12. Name EDWARD GRAHAM.

13. Birthplace GERALD MO.

14. Maiden name CHARA BARGEN

15. Birthplace WASHINGTON MO.

16. (a) Informant Edward Graham

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Jan 23 1943

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield, Mo.

19. (a) 1-23-43 (b) S. W. Handley

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? \_\_\_\_\_  
(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 W. K. Krieh (M. D. or other) MD  
Address 457 W. E. Conil Date signed 1-22-43

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1943

**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..... *J. Klingner*

Licensed Embalmer No. *3358*

P. O. Address *Springfield, 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.**

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