

FILED FEB 9 1943

Registration District No. 139

Primary Registration District No. 4227

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Craig
(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. _____ (Specify whether)

In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Cathrine Elizabeth Graham

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 Widowed

6. (b) Name of husband or wife Daniel Graham

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

7. Birth date of deceased. May 4, 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>8</u>	<u>16</u>	hr. min.

9. Birthplace Putnam County Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business In home

MOTHER FATHER

12. Name Mr. Isaac Abston

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

14. Maiden name Unknown

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

16. (a) Informant Mr. George Graham

(b) Address Craig, Mo.

17. (a) Burial (b) Date thereof Jan. 22, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove - Oregon, Mo.

18. (a) Signature of funeral director Wilbur L. Schoole

(b) Address Craig, Mo.

19. (a) 1-21-43 (b) Pauline Sawron
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20th
year 1943 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 12 1943 to Jan 20 1943
that I last saw her alive on Jan 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured humerus Duration 6 days

Due to _____

Due to _____ 101

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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)

23. Signature J. C. [Signature] (M. D. or other)

Address Craig, Mo. Date signed 1/20/43

Handwritten notes and scribbles, possibly including dates like '12/23' and '12/24'.

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: *Wilber L. Schooler*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.