

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City, Mo**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **2414 Montgall Ave**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **5 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **2414 Montgall Ave**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Edgar Graham**

3. (b) If veteran, name war. **no**

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **W. Col**

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

6. (b) Name of husband or wife **Wife**

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

7. Birth date of deceased **Feb 12 1892**  
(Month) (Day) (Year)

8. AGE: Years **51** Months **5** Days **17** If less than one day hr. min.

9. Birthplace **Higginsville MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business **none**

12. Name **Edgar Graham**

13. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Hayes**

15. Birthplace **Higginsville MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Wife**

(b) Address **2414 Montgall Ave**

17. (a) **Burial** (b) Date thereof **7-31-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Higginsville MO**

18. (a) Signature of funeral director **William Bush**

(b) Address **2208 Vine St**

19. (a) **7-31-43** (b) **T. E. Brown**  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **29**  
year **43** hour **3** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **7-8**  
19**43** to **7-28** 19**43**

that I last saw him alive on **28 July** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Insufficiency**

Due to **Pulmonary E.T.B.**

Due to **1361**

Other conditions **1361**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **W. H. Ambrecht** (M. D. or other)  
Address **2091 Lincoln Bldg, K.C., Mo.** Date signed **7-30-43**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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**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. L. Graham*  
Licensed Embalmer No. *2540*  
P. O. Address *2523 Woodland*

**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.**