S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24583

State File No.

FILED AUG 11 1943

Registration District No. 38

Primary Registration District No. 3010

Registrar's No. 234

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours (Specify whether

In this community 9 yr - 8 mo - 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Gir. 16 1 4

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

(d) Street No. 1009 N. Spanish (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Walter Louis Graham

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 21 (Day) 1933 (Year)

8. AGE: Years 9 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation — School boy

11. Industry or business —

FATHER
12. Name William Graham
13. Birthplace — (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Agnes Stalling
15. Birthplace Fornfelt (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs Agnes Graham

(b) Address Cape Girardeau Mo.

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

(c) Place: burial or cremation Illmo Mo

18. (a) Signature of funeral director Leahaugh Funeral Home

(b) Address Cape Girardeau Mo

19. (a) 7-24-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1943 hour 12 minute 30 p.M.

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

	Duration
Immediate cause of death Gun shot wound of the abdomen	1½ hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

184
37

Major findings: Of operations Small intestine sewed in two places. Large bowel perforated. Mesenteric artery sewed

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) Accident

(b) Date of occurrence July 20 - 1943 115

(c) Where did injury occur? Cape Girardeau (City or town), Cape Girardeau (County), Mo (State)

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

While at work? no (e) Means of injury 22 Cal. rifle

23. Signature R. G. Ritter, M.D. (M.D. or other)

Address Cape Girardeau Mo Date signed 7-24-43

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 843-2569

Date Filed 8-10-43

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Cape Girardeau 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.