No. 2
11-10-39
5-17-39
I X21492

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

State File No. 25076

FILED JUL 21 1943

Registration District No. 1210 Primary Registration District No. 42-29 5 6 4 6 Registrar's No. 37 41

45 0 0

1. PLACE OF DEATH:
(a) County Howard
(b) City or town "Rural" New Franklin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town "Rural" New Franklin
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years

45 0 0

3. (a) PRINT FULL NAME Chester Franklin 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 married
6. (b) Name of husband or wife Ruby
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased March 19, 1901 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
42	3	4	____ hr. ____ min.

9. Birthplace Pulaski County (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER 12. Name John Franklin Graham
FATHER 13. Birthplace Pulaski County (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name Minnie Long
MOTHER 15. Birthplace ____ (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs Chester F. Graham
(b) Address New Franklin, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation East St Louis - Mo
18. (a) Signature of funeral director C R Duncan
(b) Address New Franklin Mo
19. (a) 6-24-43 (Date received local registrar) (b) Ernest McMillan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1943 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 24, 1943 to June 24, 1943 that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Accidental Drowning	6-23-43
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) Accidental drowning
(b) Date of occurrence 6-23-43 (Month) (Day) (Year) 1945
(c) Where did injury occur? Franklin (City or town) Howard (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)
While at work? ✓ (e) Means of injury Drowning
23. Signature W A Bloom 3 (Coroner) (M. D. or other) M.D.
Address Fayette Mo Date signed 6-24-43

1321

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Filed 7-13-43

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 C A Duncan

Licensed Embalmer No. 3516

P. O. Address New Franklin M

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, above space should be left blank.