V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32253

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 290

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 70 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 4
(d) Street No. 322 W 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sadie Graham

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Geo. C Graham
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Dec 11 1869 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Williamsport Penn. 1
(City, town, or county) (State or foreign country)
10. Usual occupation home
11. Industry or business

FATHER
12. Name John Gibney
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Sullivan
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. C. Graham
(b) Address Sedalia Mo.
17. (a) butial (Burial, cremation, or removal) (b) Date thereof Sept. 11 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.
19. (a) Sept 11 - 43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9th year 1943 hour 9.15 minute A. M.

21. I hereby certify that I attended the deceased from over 12 and half years, 19 to Sept 9th, 1943; that I last saw her alive on Sept 9th, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocarditis	3 years
Auricular Fibrillation	2 days
Due to: Arterio Sclerosis	5 years
Due to: Senility	2 years
Other conditions: Old Fracture of Rt Seq. (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

93d

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) No
(b) Date of occurrence
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. B. Carlisle M.D. (M. D. or other)
Address Sedalia Mo Date signed 9-11-43

1122

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-12-43

JUL 21 1953

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 Robert H Reed

Licensed Embalmer No. Sedalia

P. O. Address 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.