

FILED FEB 6 1945
199

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 239

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 5 weeks
In this community 11 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 7234 Sycamore
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clyde M. Graham

3. (b) If veteran, name war no

3. (c) Social Security No. 496-24-6378

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th
year 1945 hour _____ minute _____ M.

4. Sex male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased: July 27th 1909
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-10, 1944, to 1-15, 1945
that I last saw the deceased alive on 1-15, 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>5</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death: Perforated gastric
ulcer
with subpharyngeal
abscess - generalized
peritonitis - toxemia

Due to _____

Due to _____

Other conditions: 1170
(Include pregnancy within 3 months of death)

9. Birthplace: Vienna Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Entomologist

11. Industry or business: Thompson-Hayward Chemical Co.

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name: George E. Graham

13. Birthplace: Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Oliffe Barnett

15. Birthplace: Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant: Mrs. Helen Graham

(b) Address: 7234 Sycamore

17. (a) Burial (b) Date thereof: 1-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Floral Hills Cemetery

18. (a) Signature of funeral director: Freeman Mortuary

(b) Address: Kansas City, Mo.

19. (a) 1-16-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature: Paul F. Hunt (M. D. or other) _____
Address: 1612 B. B. 1307 g. K.C. Mo. Date signed: 1-16-45

Recd. by ...
Dag ...
Tues. 2-4 1911.

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 _____

Joseph R. Hunt, Registered Apprentice No. *364*
working under my personal supervision.

Signed *Oliver C. Rudelin*

Licensed Embalmer No. *3495-*

P. O. Address *H. C. 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.