

FILED FEB 13 1945

Registration District No. _____

Primary Registration District No. 3000

State File No. _____

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Richsville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St O Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Entire Life years, months or days)

3. (a) PRINT FULL NAME

Ruth Ann Graham
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 1 5. Color or race W 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 Sept 23 1944
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 15 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Chester R Graham
 13. Birthplace Clark Co MO
 (City, town, or county) (State or foreign country)
 14. Maiden name Evelyn V White
 15. Birthplace Memphis MO
 (City, town, or county) (State or foreign country)

16. (a) Informant Evelyn V Blatman

(b) Address Memphis MO

17. (a) Burial (b) Date thereof Jan 7-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luzey Cemetery

18. (a) Signature of funeral director W. P. Beckwith

(b) Address Memphis MO

19. (a) 1-6-1945 (b) _____ (Registrar's signature)
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Adair
 (c) City or town Memphis 99
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
 year 1945 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 4 1945
4 1945 to Jan 4 1945
 that I last saw her alive on Jan 4 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Purpura fulminans
 Duration 12 hrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 72A
 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 A. M. Keethler (M. D. or other) _____

Address Memphis MO Date signed 1-5-45

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

RECEIVED

District Health Officer No. 1

District File Number 45-34

Date Filed FEB 11 1945

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 Fred Leath

Licensed Embalmer No. 4256

P. O. Address Memphis TN

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.

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Adair
 (b) City or town Kirkswill
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: A. S. O. Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Ruth A. Graham
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 23 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-19-45 (b) Mr. L. W. Wagoner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

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) _____

(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) (c) Means of injury

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

1570