

FILED APR 22 1946

Registration District No. **78**

Primary Registration District No. **5278**

Registrar's No. **33**

1. PLACE OF DEATH:

(a) County **Clark**
(b) City or town **Rural Jackson Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clark 23**
(c) City or town **Rural Jackson Twp.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Patrick Francis Graham**
(b) If veteran, name war **✓**
(c) Social Security No. **✓**

4. Sex **Male** 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 **April 15 - 1881**
(Month) (Day) (Year)

8. AGE: Years **64** Months **11** Days **10**
If less than one day _____ hr. _____ min.

9. Birthplace **Carthage Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER FATHER { 12. Name **Wm. W. Graham 4**
13. Birthplace **Scotland**
(City, town, or county) (State or foreign country)
14. Maiden name **Bright Sweeney 4**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
16. (a) Informant **Tom Graham**
(b) Address **Kaloka, Mo.**

17. (a) **Burial** (b) Date thereof **3-28-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Carthage Ill.**
18. (a) Signature of funeral director **Fred J. Kaler**
(b) Address **Kaloka, Mo.**
19. (a) **3/24-46** (b) **J. H. Bridges**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **25th**
year **1946** hour **5** minute **15 P.** M.
21. I hereby certify that I attended the deceased from _____, 19____, 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 **Burned to death**
Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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 23**
(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 **Perry S. Bolton** (M.D. or other) **Do**
Address **Kaloka** Date signed **3-27-46**

RECEIVED
District Health Officer No. 1
District File Number 4-46-7
Date Filed APR 19 1948

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 J. Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 70

Primary Registration District No. 5278

1. PLACE OF DEATH:

(a) County Clark
(b) City or town Rural
(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 _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Patrick F. Graham

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

4. Sex m 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 _____

7. Birth date of deceased ans 15 1946
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 24
(Unless than one day) (hr.) (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) _____ (b) _____
(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 _____
year 1946 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) accident
(b) Date of occurrence Mar 25, 1946
(c) Where did injury occur? at his home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In kitchen, stove exploded
While at work? yes (Specify type of place) (e) Means of injury Fire

23. Signature Perry J. Barton (M. D. or other) Coroner
Date signed March 25, 1946

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—WRITE IN UNFADING BLACK INK—WRITE PLAINLY

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