

FILED JUN 13 1946

STANDARD CERTIFICATE OF DEATH

16169

State File No.

Registration District No. 98

Primary Registration District No. 4159

Registrar's No.

1. PLACE OF DEATH:

(a) County Daviess
 (b) City or town Pattonsburg
 (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 81 yrs (Specify whether)
 years, months or days

3. (a) PRINT FULL NAME

A. G. 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 widowed
 6. (b) Name of husband or wife Margaret Graham (Deed) 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased: Feb 2 1852
 (Month) (Day) (Year)

8. AGE: Years 94 Months 2 Days 01 If less than one day
 hr. min.

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

10. Usual occupation _____

11. Industry or business Retired Business

12. Name David Graham

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

14. Maiden name Sarah Kirby

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Darius Graham

(b) Address Pattonsburg, Mo

17. (a) Burial (b) Date thereof 4-5-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Old Town Cemetery

18. (a) Signature of funeral director S. S. S. S. S.

(b) Address Pattonsburg, MO

19. (a) 5-5-46 (b) Reggie M. Englebert
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess 31
 (c) City or town Pattonsburg 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
 year 1946 hour 9:30 minute A.M.

21. I hereby certify that I attended the deceased from _____, 1946, to April - 2, 1946;
 that I last saw him alive on April 2, 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death hypertension
fell fractured
ribs
 Due to _____

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

Major findings: _____
 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)
 (c) Means of injury: _____
 23. Signature John J. Parker (M. D. or other)
 Address Pattonsburg Date signed 5/25/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL
 SUPPLEMENTARY
 INFORMATION
 REQUESTED

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *G. L. Granger*

Licensed Embalmer No. *2857*

P. O. Address *Pattersonburg*

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.

2B
45
43883

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

15064

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 98

Primary Registration District No. 4159

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Daveess
(b) City or town Pattansburg
(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 A.A. 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 wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 2 (Month) (Day) (Year)

8. AGE: Years 94 Months _____ Days _____ (less than one day) _____ yr. _____ min.

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

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 _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date reported 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 April 2
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 _____

He was Compressed to his Red and had to be assisted at all times for attempted to get up alone and fell into a chair to the side of his bed fracturing ribs on both sides. He died in a rooming house in Pattonsburg - Missouri - 1946
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: own home accident occurred March 19-1946
Of operations _____
Of autopsy _____

Duration _____
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) yes
(b) Date of occurrence March 19-46
(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? yes

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John Frank (M. D. or other) _____
Address Pattonsburg Mo Date signed 4/19/46

SUPPLEMENTARY

10/10/09