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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22867

Registration District No. 44 Primary Registration District No. 4062 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Caldwell,
(b) City or town Cowgill,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freel Waggoner Home,
(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)
In this community All Her Life,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Caldwell,
(c) City or town Cowgill,
(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

3. (a) PRINT FULL NAME Mary Ann 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 Henry N. Graham,
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased April-22-1862, (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	2	16	hr. min.

9. Birthplace Mecanicsville, (City, town, or county) Iowa. (State or foreign country)
10. Usual occupation House Wife,
11. Industry or business House Keeping,
FATHER 12. Name George Mohn,
13. Birthplace Germany, (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Katharine Emind,
15. Birthplace Germany, (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Fred Burnette,
(b) Address Braymer, Mo., R. F. D. #
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof July, 10, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Cowgill Cemetery,
18. (a) Signature of funeral director E. P. Michael
(b) Address Braymer, Mo.
19. (a) July 7 46 (Date received local registrar) (b) Joan Mills (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 8 year 1945 hour 03 minute 30 P.M.
21. I hereby certify that I attended the deceased from May-05-1945 to July-8-45 that I last saw h. alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiomal failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) None	
Major findings: Of operations None	
Of autopsy None	

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 None
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? None (e) Means of injury
23. Signature Cardinal B. Noble M.D. (M. D. or other)
Address Date signed

36 (Licensed Embalmer's Statement on Reverse Side)

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, ~~[illegible]~~ ~~[illegible]~~ ~~[illegible]~~

Signed E. P. Michael

Licensed Embalmer No. 1363.

P. O. Address Braymer, 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.