

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Shady No 872
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John BOMAN GRAHAM

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-01-2268

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

6. (b) Name of husband or wife Mary E. Graham 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 6 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 20
If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Melvin C. Graham

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

14. Maiden name Hanna Turner

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

16. (a) Informant Mary E. Graham

(b) Address Shady, Mo. 872

17. (a) Buried (b) Date thereof 6 29 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion Cem

18. (a) Signature of funeral director Wheaton

(b) Address Wheaton Mo

19. (a) 9-9-47 (b) Alpha Dyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1947 hour 9:30 minute a . M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cause of death unknown
Probably organic heart disease
Due to Dropped lead while working in his garden

Other conditions Natural causes
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy ASC

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 Natural causes
(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?

23. Signature Corley Thompson (Specify type of place) _____ (M. D. or other)
Address Newton Mo Date signed 6-26-47

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

RECEIVED

District Health Officer No. Newton

District File Number 947-189

Date Filed 9-15-47

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.....

Wm Morris Lyle

Licensed Embalmer No.....

31424

P. O. Address.....

Wheaton, 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.