

No. 2  
12-45  
17-39  
K47070

FILED FEB 3 1948

State File No. \_\_\_\_\_

Registration District No. 15

Primary Registration District No. 55-73

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Jackson Co  
(b) City or town Grain Valley - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 2 1/2 mi. n. west  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 75 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Grain Valley Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 1/2 mi. n. west  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alice Lee 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 widow  
6. (b) Name of husband or wife Arthur 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 27-1869  
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Retired house wife

12. Name J. W. Williams

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

14. Maiden name Sarah Owens

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

16. (a) Informant Edgar Graham

(b) Address Grain Valley Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director Mrs G. B. ...  
(b) Address Blue Springs Mo

19. (a) 1-15-48 (Date received local registrar) (b) Donald C. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9<sup>th</sup>  
year 1948 hour 8:00 minute 40 P.M.  
21. I hereby certify that I attended the deceased from August 15  
1947 to January 9 1948;  
that I last saw her alive on January 9 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Failure

Due to Arterio Sclerotic Heart Disease 5 yrs  
Hypertension 10 yrs  
Due to Cerebral arterio sclerosis 5 yrs

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 0

23. Signature James Williams (M. D. or dentist)  
Address Oak Grove Mo Date signed 1-10-48

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

MOTHER FATHER

APR 20 1951

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.....

*Kenneth Royer*....., Registered Apprentice No. *63*  
working under my personal supervision.

Signed..... *R. Durbin*.....

Licensed Embalmer No. *2353*

P. O. Address *Bluespring Md*

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.