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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23069
2886
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3118 BENTON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO
(Specify whether years, months or days)

In this community 30 YRS.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON ⁴⁸

(c) City or town KANSAS CITY ⁵
(If outside city or town limits, write "RURAL")

(d) Street No. 3118 BENTON ²
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME MRS. CLEO GRAHAM

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

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

6. (b) Name of husband or wife CLARENCE T. GRAHAM 6. (c) Age of husband or wife if alive UNK years 31898189T

7. Birth date of deceased JULY
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 12
year 1948 hour 6 minute 05 A.M.

21. I hereby certify that I attended the deceased from Oct 15
1947 to July 12, 1948
that I last saw her alive on July 10, 1948
and that death occurred on the day and hour stated above.

Immediate cause of death pulmonary edema & collapse Duration

8. AGE: Years Months Days If less than one day

50 50 51 0 9 hr. min.

Due to hydrathorax

Due to metastatic carcinoma of the breast

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

Usual occupation HOME

Industry or business

Other conditions (Include pregnancy within 3 months of death)

Major findings: Anaplastic carcinoma of rt breast 50

12. Name HARRY WARD

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

14. Maiden name UNKNOWN

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

Of operations 50

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

Informant PATSEY GRAHAM POTIRUS

Address 3118 BENTON

16. (a) Signature of funeral director STINE & McCLURE

(b) Address KANSAS CITY, MO.

19. (a) 7-13-48 (Date received local registrar) (b) Geraldine Holman (Registrar's signature)

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) (e) Means of injury 1

23. Signature R. M. Strong (M. D. or other) 7/12/48
Address 436 W 47th Date signed

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

MOTHER'S FULL NAME
Count the child
45 C. stable

Dr. S. Strong
Gen. Corp.
Each Clinic as
Pres. Ward.

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K.C. 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson } ss.

State File No. _____
Local Registrar's No. 288648

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28th day of July, 1948, before me appears _____

Clarence T. Graham, who, upon his oath, states that the original record of ^{birth} death

for Mrs. Cleo D. Graham died July 12, 1948, in the State of

Missouri, and which was filed at Kansas City, Mo. on July 12, 1948, should be corrected as follows:

Item No. 7 should read 1898

Instead of 1897

Item No. 8 should read 50-0-9

Instead of 51-0-9

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) _____ Affiant C.T. Graham Husband
Relationship.

3118 Benton, Kansas City, Mo.

Present Address.

Subscribed and sworn to before me this 28th day of July, 1948.

My Commission expires My Commission Expires May 14, 1951 Robert G. Stephens Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-23069