

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED NOV 29 1948

Registration District No. 207

Primary Registration District No. 4315

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County MACON  
(b) City or town LAPLATA MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
ON Santa Fe Passenger Train # 23  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Enroute from Chicago to Kansas City MO  
In this community Chicago to Kansas City MO  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State INDIANA (b) County 999  
(c) City or town GARY (If outside city or town limits, write "RURAL") 12  
(d) Street No. 2324 MONROE (If rural, give location) 2  
(e) Citizen of foreign country? No (Year-No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILEY Gilky GRAHAM  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 710-01-3609

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month NOV. day 19  
year 1948 hour 5 minute 45 P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex MALE - race NEGRO  
5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MARGARET F. GRAHAM  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Dec 19 1887  
(Month) (Day) (Year)

Immediate cause of death Acute Myocarditis  
Due to \_\_\_\_\_  
Due to did on Santa Fe Passenger train enroute from Chicago to Kansas City  
Other conditions no entering main co.  
(Include pregnancy within 3 months of death)

8. AGE: Years 60 Months 11 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Little Rock Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation PORTER

11. Industry or business RAILROAD

12. Name WILEY G. GRAHAM, SR.

13. Birthplace Hot Springs Ark.  
(City, town, or county) (State or foreign country)

14. Maiden name Molly Fryor

15. Birthplace Little Rock Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant RALPH W. Gillet

(b) Address La Plata MO

17. (a) REMOVAL (b) Date thereof Nov 20 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barry Audiana

18. (c) Signature of funeral director Denneth M. Wilson

(b) Address La Plata MO

19. (a) 11-20-48 (b) Med B. Hiffing  
(Date received local registrar) (Registrar's signature)

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) Head attack  
(b) Date of occurrence 11-18-48  
(c) Where did injury occur? La Plata Mo (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on Santa Fe passenger train  
While at work? Rider (Specify type of place) (e) Means of injury Head attack  
23. Signature H. G. Edwards (M. D. or other)  
Address B. Lewis Mo Date signed 11-20/48

DEC 9 1948

NOV 30 1948

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.....

*Denneth M Wilson*

Registered Apprentice No. *204*

working under my personal supervision.

Signed *Robert B. Davis*

Licensed Embalmer No. *4219*

P. O. Address *Kirkville, 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.