

FILED DEC 7 1945
 42

Primary Registration District No. 1000

Registrar's No. 1273

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2542 No 10
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether
 In this community 26 41/2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2542 No 10
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country RU

3. (a) PRINT FULL NAMES JAMES MARTON GRAMS
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 70-09-1486

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 23
 year 1945 hour 3:30 minute P M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife May 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased: 6 17 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 1945
 _____, 19____, to Nov 23, 1945.
 that I last saw him alive on Nov 1, 1945,
 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 5 Days 6 If less than one day
 hr. _____ min. _____

Immediate cause of death coronary occlusion
 Due to chronic impaction
 Due to _____

9. Birthplace Rayco MO
(City, town, or county) (State or foreign country)
 10. Usual occupation Barber

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name George W. Adams
 13. Birthplace Rayco MO
(City, town, or county) (State or foreign country)
 14. Maiden name Susan Carter
 15. Birthplace Rayco MO
(City, town, or county) (State or foreign country)

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

16. (a) Informant Arthur Adams
 (b) Address Rayville
 17. (a) _____ (b) Date thereof Nov 26 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Union Cem
 18. (a) Signature of funeral director J. E. Broadhurst
 (b) Address Rayville, Mo
 19. (a) Dec 4 1945 (b) A. H. Hestibuck
(Date received local Registrar) (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?

(Specify type of place)
 While at work? _____ (c) Means of injury 0
 23. Signature W. J. ...
 Address 620 Francis Date signed Nov 24 1945

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

MOTHER, FATHER

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 J. E. Broadhurst
Licensed Embalmer No. 2175

P. O. Address Rayville

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.