

ISSUED Oct. 6, 1976
LINCOLN, NEBRASKA

Freda Theis
DIRECTOR OF VITAL STATISTICS

NEBRASKA (STATE) DEPARTMENT OF HEALTH
Division of Vital Statistics
STANDARD CERTIFICATE OF DEATH

1208
State File No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Social Security No. _____

License No. 1136
 I hereby certify I personally embalmed the body of the deceased named herein.

1. PLACE OF DEATH:
 (a) County Clay
 (b) City or town Edgar
 (c) Name of hospital or institution: At Home
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or institution. _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Nebr (b) County Clay
 (c) City or town Edgar
 (If outside city or town limits, write RURAL)
 (d) Street No. _____ (If rural give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3(a) FULL NAME Anna Graham F-650
 3(b) If veteran, _____
 name war _____

MEDICAL CERTIFICATION
 20. Date of death: Month Feb day 8th 1942
 hour 39 minute _____

4. Sex Female 5. Color or race White 6(a) Single, widowed, married, divorced Married
 6(b) Name of husband or wife Henry Thomas Graham 6(c) Age of husband or wife if alive 82 yrs
 7. Birth date of deceased: (Month) 3 (Day) 8 (Year) 1873
 8. AGE: Years 68 Months 11 Days _____ If less than one day _____ hr. _____ min.

21. I hereby certify that I attended the deceased from July 41 to Feb 8th 1942; that I last saw her alive on Feb 7th 1942; and that death occurred on the date and hour stated above.
 Immediate cause of death: Asthenia
 Duration OMO

9. Birthplace Chillicothe Ohio
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Fredrick Wheeland
 13. Birthplace Chillicothe Ohio
 (City, Town, or county) (State or foreign country)
 14. Maiden name Mary Jane James
 15. Birthplace Chillicothe Ohio
 (City, Town, or county) (State or foreign country)

Due to Interstitial nephritis
 Due to Valvular heart disease
 Other conditions Chronic gastritis
 (Include pregnancy within 3 months of death)
 Major findings: 1315
 Of operations _____
 Of autopsy _____

16. (a) Informant's own signature James Taylor
 (b) Address Lincoln Nebr
 17. (a) Burial (b) Date thereof 2 11 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Edgar Nebraska
 18. (a) Signature of funeral director J.M. [unclear]
 (b) Address Edgar Nebr
 19. (a) Feb 10 - 1942 (b) [unclear]
 (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 _____
 23. Signature [unclear] (M. D. or other) _____
 Address Edgar Nebr Date signed [unclear]