REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10750
Do not use this space.

1. PLACE OF DEATH
(a) County Greene
(b) Township
(c) City Springfield
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 318
Primary Registration District No. 2001
Registered No. 224

2. PRINT FULL NAME Louis Arthur Griswold 624
(a) Residence, No. Conway, Missouri St. Conway Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Mae Griswold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 25, 1874

7. AGE ✓ YEARS 63 MONTHS 3 DAYS 15 If LESS than 1 day, X hrs. or X min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Store
10. Date deceased last worked at this occupation (month and year) 1938-Feb.
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humbolt, Iowa

FATHER
13. NAME Gaylord Griswold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Ida Hyde
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

17. INFORMANT (ADDRESS) Ella Mae Griswold Conway, Missouri.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Graceland-Conway DATE Mar 12, 1938

19. FUNERAL DIRECTOR (NAME) Lex Rainey
(ADDRESS) Marshfield, Missouri.

20. FILED Mar 10, 1938 Chas A George M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1938, to March 10, 1938
I last saw him alive on 3 - 10, 1938. Death is said to have occurred on the date stated above, at 12 Noon
The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate primary. 51

Date of onset ?

Other contributory causes of importance:

Name of operation No. Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Guy D Callaway, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, Rex Rainey, or by _____,

Registered Apprentice No. 3312, working under my personal supervision.

Signed Rex Rainey

Licensed Embalmer No. 3012

P. O. Address Marshfield, Missouri

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, above space should be left blank.