

REC'D AUG 19 1939

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

27005  
Do not use this space.

1. PLACE OF DEATH  
(a) County Shelby Registration District No. 827  
(b) Township Clay Primary Registration District No. 4500  
(c) City Clarence (d) Street No. \_\_\_\_\_ Registered No. 22  
(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.  
2. PRINT FULL NAME Frances Velma Griswold  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Griswold  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25 1855  
7. AGE YEARS 84 MONTHS 6 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Mo.  
13. NAME E. J. Wilson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
15. MAIDEN NAME Susannah Turner  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
17. INFORMANT (ADDRESS) Ray Griswold Clarence Mo  
18. BURIAL, CREMATION OR REMOVAL PLACE Maplewood Cem DATE Aug 2 1939  
19. FUNERAL DIRECTOR (ADDRESS) Hamilton Und. Co Clarence Mo  
20. FILED Aug 1 39 Ray Hamilton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1939  
22. I HEREBY CERTIFY, That I attended deceased from May 29 30, 19\_\_\_\_, to July 30 1939, 19\_\_\_\_  
I last saw her alive on July 24 1939, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8 A.M.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset 1925  
with auricular fibrillation  
Other contributory causes of importance: 92C  
none  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. none  
Manner of injury none  
Nature of injury none  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) D. J. Harlan, M. D.  
751 (Address) Clarence, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 10

District File Number 839-1482

Date Filed AUG 12 1939

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STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**