

REC'D OCT 23 1940

Registration District No. 382

Primary Registration District No. 5542

Registrar's No. 7

1. PLACE OF DEATH:

(a) County HOWELL
 (b) City or town RURAL, SISSON TWP
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
POMONA, MO. ROUTE 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NO. 2
(Specify whether)
 In this community 20 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL
 (c) City or town "RURAL"
(If outside city or town limits, write "RURAL")
 (d) Street No. POMONA, MISSOURI., Rt. 1
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
 year 1940 hour 5 minute 00 A.M.
 21. I hereby certify that I attended the deceased from 1937
Aug 21, 1937, to September, 1940
 that I last saw her alive on 9-22-, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism Duration 3 days.

Due to Vegetative Valvular Endocarditis 1939

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

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) _____
 (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? 85%
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature C. P. Callihan (M. D. or other) _____
 Address Willow Springs, Mo Date signed 9-24-40

3. (a) PRINT FULL NAME FREEDONA NIHL'S GRIFFITH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife D. B. GRIFFITH 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov. 18, 1887
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 5 If less than one day hr. _____ min. _____

9. Birthplace TROY Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name CHRIS NIHL'S

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name WINIFRED COOPER

15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant J. B. Griffith

(b) Address POMONA, Mo., Rt. 1

17. (a) BURIAL (b) Date thereof SEPT. 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOWELL Co., DRY CREEK TWP

18. (a) Signature of funeral director Hal Thompson

(b) Address WEST PLAINS, MISSOURI

19. (a) 9-24-1940 (b) Miss Pearl Cook
(Date received local registrar) (Registrar's signature)

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

10401050

STATEMENT BY LICENSED EMBALMER

10/27

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Hal Thomburg, Registered Apprentice No. _____

working under my personal supervision.

Signed Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address WEST PLAINS,

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.