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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43192

Registration District No. 352 | Primary Registration District No. 5745 | Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Marion

(b) ~~City or town~~ Rural. Warren Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Monroe City Mo R. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 76 yrs 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Rural.
(If outside city or town limits, write "RURAL")

(d) Street No. Monroe City Mo R. 4
(If rural, give location)

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(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Ella Snell Griffith

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alexander F

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased June (Month) 16 (Day) 1864 (Year)

8. AGE: Years 76 | Months 5 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Woodland. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Joel Snell
13. Birthplace DK (City, town, or county) DK (State or foreign country)

MOTHER
14. Maiden name Mary Smith
15. Birthplace DK (City, town, or county) DK (State or foreign country)

16. (a) Informant Virginia M. Griffith
(b) Address Monroe City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/40 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ St Judes Cemetary

18. (a) Signature of funeral director Wilson & Son
(b) Address Monroe City Mo

19. (a) Dec. 11 1940 (Date received local registrar) (b) Mrs Atta V. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th year 1940 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 30 1932, to December 7, 1940 that I last saw her alive on December 7, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio-Sclerosis	10 yrs
Due to Mitral Stenosis	15 yrs
Due to	
Other conditions Cardio-Renal-Vascular Disease (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? ..... (Specify type of place)
(e) While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. ~~or other~~)
Address Monroe City Mo Date signed 12/10/40

(Licensed Embalmer's Statement on Reverse Side)

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. Leslie L Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, Mo

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.