

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14836

State File No. _____

Registration District No. 408

Primary Registration District No. 3070

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Hours
(Specify whether years, months or days)
In this community 2 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 1, Sarcoxie, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
year 1941 hour 10:00 minute P. M.
21. I hereby certify that I attended the deceased from April 11, 1941
April 17 1941
that I last saw her alive on April 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Brain abscess Duration 2 days

Due to Falling
Bronchial pneumonia 10 days

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

Major findings: Of operations none
Of autopsy none

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) no
(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? no

23. Signature George H. Wood (M. D. or other) 9/19/41
Address Carthage Mo Date signed 7/29/41

3. (a) PRINT FULL NAME Nancy Ellen Griffith
(b) If veteran, name war None (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 13, 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 4 4 _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name John W. Griffith
13. Birthplace Stroud, Okla.
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Hunt
15. Birthplace Carthage, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John W. Griffith
(b) Address Route # 1, Sarcoxie, Mo.

17. (a) Burial (b) Date thereof 4-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dudman Cemetery
Ed. C. Ulmer

18. (a) Signature of funeral director _____
(b) Address 1208 Garrison, Carthage, Mo.
19. (a) Apr 19 1941 (b) E. J. McInture, M.D.
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

41-5-494

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..... *E. L. Williams*

Licensed Embalmer No..... *2222*

P. O. Address..... *Carthage*

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.