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

FILED JUN 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18629

Registration District No. 660 Primary Registration District No. 5878 Registrar's No.

1. PLACE OF DEATH:

(a) County Perry

(b) ~~City or town~~ Rural Central

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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 73-10-26

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Rural 0

(If outside city or town limits, write "RURAL") 0

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Alice Griffard

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 22 (Day) 1867 (Year)

8. AGE: Years 73 Months 10 Days 26 If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business

FATHER

12. Name Louis A. Griffard

13. Birthplace St. Geniviveco (City, town, or county) Missouri (State or foreign country)

MOTHER

14. Maiden name Emma Gilbert

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

16. (a) Informant Henry Bundendetel

(b) Address Perryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 5-19-41 (Date received local registrar) (b) Joe Zoellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1941 hour 6 minute 25 P/M.

21. I hereby certify that I attended the deceased from May 10, 1941, to May 18, 1941, that I last saw h. E.B. alive on May 18, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	4 days
Due to: Hypertension	
Due to: Arteriosclerosis	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Oscar A. Gerson M. D. ~~or other~~

Address Perryville, Mo. Date signed 5-19-41

(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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.