

FILED AUG 7 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25345

State File No. _____

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Webb City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1213 W. Austin St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 11 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
 (c) City or town Webb City 6
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. 1213 W. Austin St.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th,
 year 1941 hour 7:15 minute _____ P. _____ M. _____
 21. I hereby certify that I attended the deceased from May
3, 1941, to July 9, 1941;
 that I last saw u alive on July 9, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia 4 days
 Duration _____

Due to _____
 Due to 107

Other conditions See arteriosclerosis 10 yrs.
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 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 10/0
 (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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 Signature [Signature] (M. D. or other) D
 Address WEBB CITY, MO Date signed 7-9-41

3. (a) PRINT FULL NAME Mary Lavina Griffith

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Felame 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 Aug. 8th, 1859
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace LaHarpe, Ill.
 (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

12. Name Franklin C. Griffith

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

14. Maiden name Mary Ann Ketts

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

16. (a) Informant Mrs. Arthur K. Moore

(b) Address 1213 W. Austin St., Webb City, Mo.

17. (a) Burial (b) Date thereof 7-12-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) JULY 12; 41 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

377 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. *4231*

P. O. Address.....

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.