

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31101**
Registrar's No. **912**

Registration District No. **35** Primary Registration District No. **1001**

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital, St. Joseph, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital 3 days
(Specify whether
In this community 25 years
years, months or (days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1801 South 10th. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country L

3. (a) PRINT FULL NAME Della Griswold
3. (b) If veteran, name war **3. (c) Social Security No.** none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 19th.
year 1941 hour 3 minute 05 A.M.

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George D. Griswold
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased. October 5 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 9, 1941 to Sept 19, 1941.
that I last saw h. or alive on Sept 18, 1941.
and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 11 Days 14
If less than one day hr. min.

Immediate cause of death Cirrhosis of Liver.
Due to Chronic Cholecystitis.
Almonagaly
Due to Jaundice
Other conditions 1
(Include pregnancy within 3 months of death)

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Major findings: 124B
Of operations -
Of autopsy as above

11. Industry or business
12. Name Charles Cain
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George D. Griswold
(b) Address 1801 South 10th. St., St. Joseph,
17. (a) Burial **(b) Date thereof.** 9/22/41.
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Memorial Park Cemetery
St. Joseph, Mo.
18. (a) Signature of funeral director Halter Meierhoffer
(b) Address 1302 Faraon St., St. Joseph, Mo.
19. (a) Sept. 22, 1941 **(b) H. M. Lebeck**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) 124B
(e) Means of injury 124B
23. Signature Grant M.D. (M. D. or other) M.D.
Address 6207 King Hill, St. Joseph Date signed 9-22-41
Mo.

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

2
-41
-39
28390

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..... *Ohly Jester*

Licensed Embalmer No..... *Mo. 4154*

P. O. Address..... *St. Joseph, Missouri.*

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

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