S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2048

Registration District No. 93 — Primary Registration District No. 4154 — Registrar's No. 49

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Greenfield
(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 .....

2. USUAL RESIDENCE OF DECEASED:

29 1 0

(a) State Missouri (b) County Dade
(c) City or town Greenfield
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clara Griffin Achord

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

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Theodore Achord

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

7. Birth date of deceased February (Month) 14, (Day) 1884 (Year)

8. AGE: Years 58 | Months 9 | Days 20 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name J. W. Griffin
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Emily Mitchell
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Georgia Achord
(b) Address Greenfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-'42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenfield Cemetery

18. (a) Signature of funeral director Ward Funeral Home
(b) Address Greenfield, Mo. By Rollene Knott

19. (a) 12-7-42 (Date received local registrar) (b) Phyllis Lack (Registrar's signature)

1082

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th. year 1942 hour 3 minute 54 M.

21. I hereby certify that I attended the deceased from Nov 28, 1942, to Dec 4, 1942, that I last saw her alive on Dec 4, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 2 days

Due to .....

Due to .....

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 J. D. Combs M.D. (M. D. or other)
Address Lockwood Mo Date signed 12/7/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 143-63
Date Filed JAN 16 1943

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

J. W. Ward, Registered Apprentice No.

working under my personal supervision.

Signed J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield 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.