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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1943 8

Registration District No. ~~318~~

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17858

Primary Registration District No. 2000

Registrar's No. 372

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 608 West Pine / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 24 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39 2

(c) City or town Springfield 6 (If outside city or town limits, write "RURAL")

(d) Street No. 608 West Pine (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Elbert Griswell

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Ida Adella Griswell

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July (Month) 30 (Day) 1867 (Year)

8. AGE: Years ✓ 75 Months 9 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Crittenden (City, town, or county) Ky. / (State or foreign country)

10. Usual occupation Carpenter & Paper Hanger

11. Industry or business

FATHER
12. Name Elijah Griswell
13. Birthplace Dahlonega (City, town, or county) Ga. / (State or foreign country)

MOTHER
14. Maiden name Sarah Cline
15. Birthplace Unknown (City, town, or county) S.C. / (State or foreign country)

16. (a) Informant Mrs. Ruth Maynard,
(b) Address 803 W. College, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 629 W Walnut St

19. (a) 5-10-43 (Date received local registrar) (b) Dr. M E Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th. year 1943 hour 11 minute 10 A M.

21. I hereby certify that I attended the deceased from May 6, 1943, to May 6, 1943; that I last saw him alive on May 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration few hours

Due to Dark Knew previous condition

Due to

Other conditions (Include pregnancy within 3 months of death) 830

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 N. W. Thomas (M. D. ~~or other~~)

Address 324 Lauden B. Date signed 5/8/43

(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 J.W. Mayles

Licensed Embalmer No. 2985

P. O. Address Elmer 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.