S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3897

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 11

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2703 East 12th.St.
(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: 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: 2703 East 12th.St.
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Stella Frances Griffith
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: Married
6. (b) Name of husband or wife: Theodore Griffith
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: 12 (Month) 18 (Day) 1883 (Year)

8. AGE: Years 60 | Months 0 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace: Cooper (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Chas. E.Younger
13. Birthplace: (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: Mary F.McGuire
15. Birthplace: (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs.Wayne Richardson
(b) Address: Sedalia,Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Sedalia Mo
18. (a) Signature of funeral director: Gillespie Funeral Home
(b) Address: Sedalia,Mo.
19. (a) 1/7/44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4 year 1944 hour 3 minute 40 P.M.
21. I hereby certify that I attended the deceased from 1-29, 1943, to 1-4, 1944, that I last saw him alive on 1-4, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Right cerebral hemorrhage	
Due to: Hypertension	
Due to: Chronic nephritis	
Other conditions: Diabetes mellitus (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. M. Rodeman (M. D. or other) M.D.
Address: Sedalia, Mo Date signed 1-7-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-7-44

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 L. C. Bowlin

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.