

S. No. 2  
1-9.4-41  
7-5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 23 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8493

State File No. ....

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. ....

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

1. PLACE OF DEATH:  
(a) County Scott  
(b) City or town Sikeston  
(c) Name of hospital or institution: Sikeston General Hospital  
(d) Length of stay: In hospital or institution. Twenty five years  
In this community Twenty five years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Madison  
(c) City or town Marionville  
(d) Street No. Forest Hotel  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Lewis C. Griswold  
3. (b) If veteran, name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 10th  
year 1944 hour 12:00 minute A. M.  
21. I hereby certify that I attended the deceased from 1-2  
1944, to 1-11 1944  
that I last saw him alive on 1-11  
and that death occurred on the date and hour stated above.

4. Sex Male 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 5 years  
7. Birth date of deceased July 5, 1877

Immediate cause of death Lobar Pneumonia  
Due to...  
Due to...  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations. Of autopsy.

8. AGE: Years 67 Months Days If less than one day  
9. Birthplace Blue Mounds, Green Co Ill  
10. Usual occupation Conducted Farm Experiment

MOTHER FATHER  
12. Name Diamond Griswold  
13. Birthplace Green County Ill  
14. Maiden name Elna Griswold  
15. Birthplace Green County Ill

16. (a) Informant Brother Harry Griswold  
(b) Address Blue Mounds Ill  
17. (a) Burial (b) Date thereof Blue Mounds  
(c) Place: burial or cremation. Blue Mounds  
18. (a) Signature of funeral director Arville Taylor  
(b) Address Sikeston Mo  
19. (a) 1-16-44 (b) Louis Rapp

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature Dr. James M.D.  
Address Marionville, Mo. Date signed 1-11-44

Physician  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 244-354

Date Filed 2-21-44

**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.....

Licensed Embalmer No.....

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.**