V. S. No. 2
00M—2-43
ev. 5-17-39
I X35097

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

Registration District No. 78

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3054

State File No. 14268

Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike 82
(c) City or town Louisiana 2
(If outside city or town limits, write "RURAL")
(d) Street No. 815 North 3rd St. 1
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country No.

3. (a) PRINT FULL NAME Maggie May Griffith
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Charles A Griffith
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March (Month) 16 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	11	21	— hr. — min.

9. Birthplace Louisiana (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business at Home
FATHER
12. Name Jim Caroll
13. Birthplace U.K. (City, town, or county) New York 1 (State or foreign country)
MOTHER
14. Maiden name Bell Gelchin
15. Birthplace U.K (City, town, or county) Ireland 1 (State or foreign country)
16. (a) Informant Margaret Griffith
(b) Address Louisiana, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana Mo.
18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana Mo.
19. (a) 3-8-45 (Date received local registrar) (b) J C Haley Jr. Deputy (Registrar's signature)

1169

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1945 hour 1:30 minute P.M.
21. I hereby certify that I attended the deceased from March 2, 1945, 19..., to March 7, 1945
that I last saw her alive on March 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerotic heart disease
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 83
Of autopsy

Duration

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 C. E. Nurdstrom (M.D. or other) D.O.
Address Louisiana, Mo. Date signed 3/8/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 45-588
Date Filed APR 13 1945

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. B. Stone

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.