. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42608

FILED JAN 5 1946

Registration District No. 528 Primary Registration District No. 3073 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Chaffee
(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
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 1(?)

(c) City or town Chaffee 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edna Mariah 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 Widow

6. (b) Name of husband or wife James F Griffith

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

7. Birth date of deceased Feb. (Month) 23 (Day) 1876 (Year)

8. AGE: Years 69 Months 9 Days 21 If less than one day hr. min.

9. Birthplace ——— (City, town, or county) Ind. 1 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name ——— Shoulders
13. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Powers
15. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lewis Phelps

(b) Address Oran Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Friend Cem Oran Mo

18. (a) Signature of funeral director Bisplinghoff Funerals

(b) Address Chaffee Mo Home

19. (a) 12/6/45 (Date received local registrar) (b) G. B. MacCready (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th year 1945 hour 10 minute 35 M.

21. I hereby certify that I attended the deceased from March 45 to Dec. 4, 1945 that I last saw her alive on Dec. 4, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the Pancreas	1 yr
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 G. A. Sample (M. D.)

Address Chaffee Mo. Date signed 12-6

1544 (Licensed Embalmer's Statement on Reverse Side)

FEB 6 1948

RECEIVED
District Health Office No. 2,
District File Number 146-3417
Date Filed 1-2-46

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 Maurice Breeling Wiff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.