

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
FILED MAR 13 1946 STANDARD CERTIFICATE OF DEATH

8168

State File No. _____

Registrar's No. 36

Registration District No. 324

Primary Registration District No. 6093

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall ?
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 2 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Cordelia Griffin

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 Widowed

6. (b) Name of husband or wife John L. Griffin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May I 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days I If less than one day _____ hr. _____ min.

9. Birthplace Creston Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER { 12. Name Grandison Johnson

13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Forsythe

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace V. Long

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 3/3/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beatrice Iowa

18. (a) Signature of funeral director J. Leslie Bursary

(b) Address Marshall, Mo.

19. (a) 2-27-46 (b) Mrs. T. O. Westbrook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from field 1946
inquest Feb 26
that I last saw h/l alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

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

Major findings: Of operations _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3 Saline

23. Signature A. L. Lawless, Corona (M. D. or other) Saline

Address Marshall Mo Date signed 2-26-46

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-12-16

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. Leslie Swasey

Licensed Embalmer No. 3235

P. O. Address Marshall Mass.

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.