

No. 2
7-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10260

FILED APR 5 1948
Registration District No. 250

Primary Registration District No. 5878 4373 (2) Registrar's No. 5845 #

1. PLACE OF DEATH:
(a) County NOBAYAW
(b) City or town BARNARD
(c) Name of hospital or institution: 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 26 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nobaway
(c) City or town Barnard (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Elizabeth Griego
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 29 year 1946 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from May 10, 1945, to Jan 29, 1946 that I last saw her alive on Jan 29, 1946 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Walter Briggs 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased 12-25-1870 (Month) (Day) (Year)

Immediate cause of death mitral Regurgitation Duration _____

8. AGE: Years 75 Months 1 Days 4 If less than one day _____ hr. _____ min.

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

9. Birthplace GRANDER MO (City, town, or county) (State or foreign country)
10. Usual occupation at Home

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN _____
' Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name August Dieterich
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name MARY Ruth
15. Birthplace GRANDER MO (City, town, or county) (State or foreign country)

16. (a) Informant OKIE Griego
(b) Address BOLCKOW MO
17. (a) BURIAL (b) Date thereof 1-31-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Guilford mo

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? _____

18. (a) Signature of funeral director E. C. Brent
(b) Address Savannah mo
19. (a) Feb. 2 (b) W. Logan Wood (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0
23. Signature W. Logan Wood (M. D. or other) _____
Address Bolckow mo Date signed 1-30-46

74
80
9181
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10107
2107

10107

10107

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..... *E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah*

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.