

FILED MAR 28 1946 STANDARD CERTIFICATE OF DEATH

10570

State File No. _____

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 83

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Flat River (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(St. Francois Township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Mary 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 Alonzo Griffin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 15 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 4 hr. min.

9. Birthplace North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Birdie McJannet
(b) Address Flat River, Mo.

17. (a) Burial (b) Date thereof FEB 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BONNETERRE

18. (a) Signature of funeral director J.S. BOYER & SON
(b) Address LEADWOOD, MO.

19. (a) 3/11/46 (b) Cather Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Flat River (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. St. Francois Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Feb 16, 1946
to Feb 19, 1946
that I last saw her alive on Feb 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration _____

Due to Arterio sclerosis Hypertension

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

Major findings: Of operations Cerebral Apoplexy
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? _____

While at work? _____ (Specify type of place) _____ (Means of injury)
23. Signature C. H. Cuyper (M. D. or other) MD
Address Flat River MO Date signed Feb 20 1946

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

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RECEIVED

District Health Officer No. Y
District File Number 346-1893
Date Filed 3-27-46

APR 1 1946

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 Bert L. Boyer
Licensed Embalmer No. 3445
P. O. Address Leadwood 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.