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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. 12193

FILED MAY 47 1946

Registrar's District No. ____ Primary Registration District No. 4045 Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Ashland
(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 years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Ashland 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

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 Thomas Lewis Griffin
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased 12 (Month) 11 (Day) 1863 (Year)

8. AGE: Years 82 Months 4 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace Indiana (City, town, or county) Indiana (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
12. Name John Dyer (FATHER)
13. Birthplace Indiana (City, town, or county) Indiana (State or foreign country)
14. Maiden name Sarah Hummel (MOTHER)
15. Birthplace Indiana (City, town, or county) Indiana (State or foreign country)
16. (a) Informant John Griffin
(b) Address Ashland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pleasent Cemt.
18. (a) Signature of funeral director W. L. Burnett
(b) Address Ashland Missouri
19. (a) 4-20-46 (Date received local registrar) (b) Mrs. Mildred Burnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1946 hour 11 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 1 1946, to Apr 20 1946, that I last saw her alive on Apr 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 926

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 0

23. Signature W. B. Dyer (M. D. or other)
Address Ashland Mo Date signed 4-20-46

21 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-6-46

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. Wm C. Burnett
Licensed Embalmer No. 3654
P. O. Address Oakland 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.