No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35768

State File No.

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 175

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

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:
1358 South Olsen St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

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

(d) Street No. 1358 South Olsen 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mrs. Ollie 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 Married

6. (b) Name of husband or wife B.L. Griffitt

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April (Month) 29 (Day) 1886 (Year)

8. AGE: Years 60 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Benton Co. (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation Housewife

11. Industry or business " "

FATHER
12. Name James Ray
13. Birthplace Unknown (City, town, or county) Arkansaw (State or foreign country) 1

MOTHER
14. Maiden name Adeline Douglass
15. Birthplace Benton Co. (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant B. L. Griffitt
(b) Address Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/46 (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Kansas

18. (a) Signature of funeral director J. Leslie Surrey
(b) Address Marshall, Mo.

19. (a) 10-16-46 (Date received local registrar) (b) Mrs T. O Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13"
year 46 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct 11 1946 to Oct 13 1946
that I last saw her alive on Oct 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia — Duration 4 days

Due to Arterial Sclerosis — 3 yrs

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 [signature] (M. D. or other)
Address Marshall Date signed 10/14/46

(Licensed Embalmer's Statement on Reverse Side)

294

RECEIVED
District Health Officer No. 4
District File Number
Date Filed 10-26-46

JUL 30 1948

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 Sussey
Licensed Embalmer No. 3235
P. O. Address Marshall, 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.