

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39060
Registrar's No. 263

Registration District No. 237

Primary Registration District No. 3048

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville, Missouri
(c) Name of hospital or institution: 709 East fifth.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Years
In this community 3 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 709 East Fifth
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME EDITH K. GRIFFEY
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 Ori E. Griffey
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased October 19, 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 17
If less than one day * * * * * hr. min.

9. Birthplace: Quitman Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Joseph Ellis

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

14. Maiden name Lydia Winger

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

16. (a) Informant Ori E. Griffey

(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof NOV. 8, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Pri Funeral Home

(b) Address 120 East 1st, Maryville, Mo.

19. (a) Nov 20, 1947 (b) Bens Hall
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th
year 1947 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 23rd 1946 to Nov 6 1947
that I last saw her alive on Nov. 6 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure 2 yrs
Due to Chronic valvular disease of heart 7 yrs
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no operations

Of autopsy no autopsy

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

23. Signature L. E. Dean (M. D. or other) MD

Address Maryville MO Date signed 11-7-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Clum M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.