

FILED JUL 19 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22218

State File No. ....

Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 735

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Methodist Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
(Specify whether)  
 In this community 60 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 401 So. 16th Street  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country .....

3. (a) PRINT FULL NAME Mollie Tolson Griedan

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Jerry E. Griedan  
 6. (c) Age of husband or wife if alive — years  
 7. Birth date of deceased March 15 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 3 17 — hr. — min.

9. Birthplace Howard County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name (unreadable) 9

13. Birthplace (unreadable) 1

14. Maiden name (unreadable) 19

15. Birthplace (unreadable) 1

16. (a) Informant Mrs. Frances Mitchell

(b) Address 403 So. 16th Street

17. (a) Burial (b) Date thereof 7-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Wm. H. Alexander

(b) Address St. Joseph, Mo.

19. (a) 7-13-48 (b) L. L. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2  
 year 1948 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 29, 1948 to July 2, 1948  
 that I last saw her alive on July 1, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular renal disease Duration 6 mos.

Due to .....

Due to .....

Other conditions (unreadable)  
(Include pregnancy within 3 months of death)

Major findings: (unreadable)

Of operations (unreadable)

Of autopsy: (unreadable)

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? (unreadable) (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (unreadable)

While at work? (unreadable) Means of injury (unreadable)

23. Signature (unreadable) (M. D. or other) (unreadable)

Address The Tootle Bldg. Date signed 7-2-48

MOTHER FATHER

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. H. Alexander* .....

Licensed Embalmer No. *4450* .....

P. O. Address..... *St. Joseph,* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.