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MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 27 1948

Registration District No. 601a

Primary Registration District No. 5749

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6 mi. S.W. of Fredericktown  
(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 about 22 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Frances Geneva 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 widowed

6. (b) Name of husband or wife Robert M. Griffith (deceased)

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

7. Birth date of deceased March 4, 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>10</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business self employed

MOTHER FATHER

12. Name William E. Guittar

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

14. Maiden name Elsie Jane Hawes

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

16. (a) Informant Truman Griffith

(b) Address Rt. # 3 Fredericktown, Mo.

17. (a) Burial (b) Date thereof 12-16-48  
(Burial, cremation or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Christian Cemetery

18. (a) Signature of funeral director Webb-Adams

(b) Address Fredericktown, Mo.

19. (a) 12-16-1948 (b) Florence Wick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

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

(d) Street No. 6 mi. S.W. of Fredericktown  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14  
year 1948 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan, 1948, to Dec 14, 1948  
that I last saw her alive on Dec 13, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death botch regurgitation myocardial degeneration

Duration 6 yrs. 2 mos.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature E. W. O'Leary (M. D. or other) DO.

Address Fredericktown Mo. Date signed 12-16-48

**RECEIVED**

District Health Officer No. 4

District File Number 1248-159

Date Filed 12-23-48

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**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 Edward H. Lehmann Jr.

Licensed Embalmer No. 4567

P. O. Address Fredericktown, Md.

**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.