

FILED JAN 13 1948

Registration District No. 237

Primary Registration District No. 4218

Registrar's No.

1

1. PLACE OF DEATH:

(a) County Missouri Henry

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

(c) Name of hospital or institution Community Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. Route 1, Calhoun
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary E. Griffith3. (b) If veteran,
name war None3. (c) Social Security No.
None4. Sex Female5. Color or
race White6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife
Daniel P. Griffith6. (c) Age of husband or wife if
alive deceased years7. Birth date of deceased March 2 1863
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
84 9 29 hr. min.9. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)10. Usual occupation At home11. Industry or business Jesse Straider12. Name Unknown Tennessee13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Sherman Griffith(b) Address R 1, Calhoun, Mo17. (a) Burial, cremation, or removal Burial(b) Date thereof 1-4-48
(Month) (Day) (Year)(c) Place: burial or cremation Calhoun, Missouri(a) Signature of funeral director Huston Turner(b) Address Windsor, Mo19. (a) 1-5-48 (b) R. A. Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1948 hour 10 minute 50 a m M.21. I hereby certify that I attended the deceased from Dec 26-47

, 19....., to....., 19.....;

that I last saw her alive on 1-1-48, 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarctwith renal diseaseDue to Pseudo-meningeal cyst ofright ovary

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Pseudo-meningeal cyst

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 Stoddard (M. D. or other) MDAddress Windsor, Mo Date signed 1-4-48

PHYSICIAN

Underline
the cause of
which death
should be
charged sta-
tistically.

RECEIVED

District Health Officer No. 7,

District File Number 18-42-2066

Date Filled 1-12-68

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 _____

William M Turner, Registered Apprentice No. 470

working under my personal supervision.

Signed Edmond Houston

Licensed Embalmer No. 3391

P. O. Address Windsor 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.