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5-17-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26194**

Registration District No. 783

Primary Registration District No. 6029

Registrar's No. _____

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

1. PLACE OF DEATH

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County St. Genevieve
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Two miles East of Coffman
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Mrs. Mary Selma Griffith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wm. R. Griffith 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 10 1896 (Month) (Day) (Year)

8. AGE: Years 44 Months 3 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Coffman (City, town, or county) (State or foreign country) 0

10. Usual occupation Home maker mother

11. Industry or business _____

12. Name John Patterson

18. Birthplace Coffman, St. Genevieve, MO (City, town, or county) (State or foreign country)

14. Maiden name Mary Bellard

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

16. (a) Informant John Griffith

(b) Address Coffman Mo.

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

(c) Place: burial or cremation Stone Church Cemetery

18. (a) Signature of funeral director J (b) Address 704

19. (a) July 16 (b) Mrs. A. G. Boyd
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1940 hour 5:00 minute 15 M.

21. I hereby certify that I attended the deceased from July 14 1940, to July 15 1940, that I last saw her alive on July 14 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus Duration 1 yr.

Due to 48

Due to _____

Other conditions Secondary Pneumonia & Septicemia

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature Arthur E. Sawyer (M. D. or other) !
Address St. Genevieve Mo. Date signed 7-16-40

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.....

me....., Registered Apprentice No.
working under my personal supervision.

Signed..... *D. H. Cozart*

Licensed Embalmer No. *4084*

P. O. Address *Farmington*

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, above space should be left blank.