

JAN 13 1941

Registration District No. 171

Primary Registration District No. 5237

1. PLACE OF DEATH

(a) County Chariton
(b) City or town Rural (Keytesville, Mo.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Six miles N.E. Keytesville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 2

3. (a) PRINT FULL NAME MARTHA ELLEN GROFFIN

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife J. C. Griffie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 8 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name J. W. Simms

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

14. Maiden name Sarilda Simms

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

16. (a) Informant Mrs. Charles Bennett

(b) Address Keytesville Mo.

17. (a) Burial (b) Date thereof Dec. 29, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bennett Cemetery

18. (a) Signature of funeral director Hyde & Barnett

(b) Address Keytesville Mo.

19. (a) 1-1-41 (b) Mrs. Ray Sanders
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Six miles N.E. Keytesville
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1940 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from Dec 24, 1940, to Dec 27, 1940
that I last saw her alive on Dec 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Ch. myocarditis

Due to _____

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

Major findings: Of operations _____

Of 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? _____

159 While at work? _____ (Specify type of place) Means of injury _____

23. Signature Carl C. Keger (M. D. certificate) _____
Address Keytesville Date signed 1/1/41

Duration 20 hrs +
Physician Don't know
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1-11-11

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 H. O. Barnett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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, above space should be left blank.