

APR 10 1941

Registration District No. 468

Primary Registration District No. 4281

State File No. _____

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Marionville,
(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 12-Years / (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Matilda Jane Griffith

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

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Tom 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 16, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 21 hr. 1 min.

9. Birthplace Calico Rock Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Mike Hevely
13. Birthplace Do not know 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Do not know
15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Haney
(b) Address Marionville, Mo.

17. (a) Burial (b) Date thereof Mch. 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive, Marionville

18. (a) Signature of funeral director Bradford Funeral Home
(b) Address Marionville, Mo.

19. (a) March 10, 1941 (b) Laura O. Cannady
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Lawrence 55

(c) City or town Marionville, Mo. 2
(If outside city or town limits, write "RURAL.")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9.
year 1941 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from April 7, 1939, to March 9, 1941;
that I last saw her alive on March 8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Aphoplexy
~~_____~~

Due to arteriosclerosis 3 yrs.

Due to _____

Other conditions. ggn
(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? _____

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

23. Signature Wayne W. Weaver (M. D. or other) DD
Address Marionville, Mo. Date signed 3/10/41

Duration
Rwka
3 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 441-570

Date Filed APR 8 1941

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 *Harmon Bradford*

Licensed Embalmer No. *12304*

P. O. Address *Merionville*

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.