

FILED MAY 6 1942

Registration District No. 825

Primary Registration District No. 1001

Registrar's No. 829

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
633 Corby St. /
(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) 39 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 633 Corby /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Carl J. Griswold

3. (b) If veteran, name war No 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Frances A. Griswold 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. 8, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>4</u>	<u>16</u>hr.min.

9. Birthplace Champaign County / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney

11. Industry or business Self.

12. Name Romelius R. Griswold

13. Birthplace Unknown / New York
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Gifford

15. Birthplace Unknown / Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Glennon Griswold

(b) Address 405 S. 31st.

17. (a) Burial (b) Date thereof April 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cem.

18. (a) Signature of funeral director To Let Mortuary
5025 King Hill Ave.

(b) Address
19. (a) 4-27-42 (b) Rae Heyes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3/2/42 to 4/24/42
that I last saw him alive on 4/24/42 and that death occurred on the date and hour stated above. 1942

Immediate cause of death Phenylhydrazide
overdose Duration 4 hrs

Due to
Due to
Other conditions Hypertension & Arteriosclerosis
(Include pregnancy within 6 months of death)

Major findings:
Of operations
Of autopsy 93d

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 Carl J. Griswold M.D.
Address 1822 1/2 St. Joseph Date signed 4/25/42

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

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, ~~on~~ by 4/24/42

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

Signed

Emma Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.