

No. 2
5-43
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20968

Registration District No. _____

Primary Registration District No. 5005

State File No. _____

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Adair Pettis Township

(b) City or town Rural
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. South west of Kirksville Mo
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Levi Griswold

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

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased November 15 1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1944 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from called on date of death, to June 5, 1944, 19____; that I last saw him alive on June 5, 1944, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 6 hrs.

Due to chronic myocarditis 2 yrs

Due to arterio-sclerosis 15 "

Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

85 6 21 hr. _____ min.

Due to chronic myocarditis 2 yrs

Due to arterio-sclerosis 15 "

9. Birthplace Adair Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name John Griswold

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

14. Maiden name Fanny Shumaker

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Everett Crout

(b) Address Lacrosse Mo

17. (a) Burial (b) Date thereof June 7 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indian Hill

18. (a) Signature of funeral director M. A. McCallister

(b) Address South Gifford Mo

19. (a) 6/14/44 (b) Mrs. L. Wayman
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Pollio Gillet (Specify type of place) _____ (M. D. or other) D.O.
While at work _____ (c) Means of injury _____

Address La Plata, Mo Date signed 6/9/44

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

1049

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-44-1211
Date Filed JUL 7 1944

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

W. H. McCallum

Licensed Embalmer No 2052

P. O. Address South Gifford 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.