S. No. 2
M—2-43
5-17-39
I X35697

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

53959

DEPARTMENT OF COMMERCE
Bureau of the Census

FILED NOV 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 157 Primary Registration District No. 5586 Registrar's No. 191

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town rural - Marion Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: route 2 - Carthage
(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)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Carthage Route 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Ella Griffith

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Joel-h R. Griffith

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased October (Month) 25 (Day) 1870 (Year)

8. AGE: Years 75 Months 0 Days 5 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business -----

MOTHER FATHER

12. Name Robert Whaley

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

MOTHER

14. Maiden name Nancy Bowen

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

16. (a) Informant Mr. Lawrence E. Griffith

(b) Address Route 2, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 1, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) 11-1-45 (Date received local registrar) (b) L.B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30 year 1945 hour 4 minute a M.

21. I hereby certify that I attended the deceased from Sept 27, 1945, to Oct 30, 1945, that I last saw her alive on Oct. 29, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertension, Heart failure	
Due to	
Due to Essential Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: (Specify type of place)

(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? (c) Means of injury

23. Signature P.P. Trotter (M. D. or other)

Address Carthage, Mo. Date signed Oct 30

1458

(Licensed Embalmer's Statement on Reverse Side)

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 Lucy Kuee-Buckner

Licensed Embalmer No. 2510

P. O. Address Carthage, 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.