

**FILED NOV 1 1945 STANDARD CERTIFICATE OF DEATH**

State File No. **33997**

Registration District No. **163**

Primary Registration District No. **3031**

Registrar's No. **55**

**1. PLACE OF DEATH:**

(a) County Jefferson

(b) City or town De Soto  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
814 S. Main St. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether)

In this community 12 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jefferson **50**

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

(d) Street No. 814 S. Main St. **2**  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) **0**

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Rose Ethel Griffith

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Oct. day 25  
year 1945 hour 1 minute 30 P.M.

**4. Sex** female **5. Color or race** white

**6. (a) Single, widowed, married, divorced** **2**

**6. (b) Name of husband or wife** William Russell Griffith

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

**7. Birth date of deceased:** March - 15 - 1865  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** 24 Oct. 1945, to 25 Oct. 1945;  
that I last saw her alive on 25 October 1945;  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>80</u>	<u>7</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death arterio-sclerotic heart disease

Due to Generalized arterio-sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**9. Birthplace** Cerie Pa. 1  
(City, town, or county) (State or foreign country)

**10. Usual occupation** at home

**PHYSICIAN**

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

**11. Industry or business** \_\_\_\_\_

**12. Name** Henry Moser

**13. Birthplace** Pa. 1  
(City, town, or county) (State or foreign country)

**14. Maiden name** Mary Lockhart

**15. Birthplace** Pa. 1  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Dwight Reynolds

**(b) Address** 814 South Main De Soto, Mo.

**17. (a) Burial, cremation, or removal** burial **(b) Date thereof** Oct. 27 - 1945  
(Month) (Day) (Year)

**(c) Place: burial or cremation** St. Louis Co. Mo. (Free Free)

**18. (a) Signature of funeral director** f her motherhood

**(b) Address** De Soto - Mo

**19. (a) 10-27-45 (b) J. W. Spencer**  
(Data received local registrar) (Registrar's signature)

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) no

(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** J. W. Spencer (M. D. or other) MD

Address De Soto, Mo. Date signed 26 Oct 45

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

50  
2  
2

50  
1  
2  
0

588

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 10-31-45

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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 \_\_\_\_\_

Licensed Embalmer No. 3531

P. O. Address 2920 md

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.