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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27731

State File No.

Registration District No. 29

Primary Registration District No. 4021

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Cassville, Mo.
(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 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louisa J. Griffith

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

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

6. (b) Name of husband or wife W. D. Griffith 6. (c) Age of husband or wife if alive 1868 years (Mouth) (Day) (Year)

8. AGE: Years 72 Months 9 Days 15 If less than one day hr. min.

9. Birthplace McDowell, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Invalid

12. Name John K. Jackson

13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

14. Maiden name Unknown 9 (City, town, or county) (State or foreign country)

15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Helen Swadlow

(b) Address Cassville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-41 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Ron Funeral Home (b) Address Cassville, Mo.

19. (a) 8/19/41 (Date received local registrar) (b) Geo. W. Neuman, M.D. (Registrar's signature) (M. D.)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Cassville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17 year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar. 12 1941 to Aug. 17 1941; that I last saw her alive on Aug. 17 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Cancer Duration ?

Due to A6B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 2

23. Signature Ed McDaniel (M. D. or other) ABO
Address Cassville, Missouri Date signed 8/17/41

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

RECEIVED

District Health Officer No. 6,

District File Number 94-1513

Date Filed SEP 15 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 Howard L. Haman

Licensed Embalmer No. 4122

P. O. Address Cassville, 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.