V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1945

Registration District No. 319

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2245

Primary Registration District No. 6081

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Ste. Genevieve,

(b) City or town R. Union Twp. 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
In this community 67 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ste. Genevieve

(c) City or town Rural 45
(If outside city or town limits, write "RURAL")

(d) Street No. Union Twp. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna, Bell, Griffin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Frank, Griffin

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan. (Month) 13, (Day) 1878 (Year)

8. AGE: Years 67 | Months 1 | Days 14 | If less than one day ___ hr. ___ min.

9. Birthplace St. Francois, Co. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business Home maker

MOTHER FATHER

12. Name John, Williams

13. Birthplace Mo (City, town, or county) Mo 0 (State or foreign country)

14. Maiden name Sally, Groves

15. Birthplace Mo. (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Frank, Griffin,

(b) Address Farmington, Rt. #2

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 3-9-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Ste. Genevieve Co

18. (a) Signature of funeral director Cozean, Funeral, H.

(b) Address Farmington, Mo

19. (a) Feb 8/45 (Date received local registrar) (b) Tiv Douglas (Registrar's signature)

850 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day 6th year 1945 hour 12:00 minute P.M.

21. I hereby certify that I attended the deceased from Sept 23rd 44 to 2/6/45, 19; that I last saw her alive on 2/6/45, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: terminal Pneumonia	2 days
Due to: Cerebral Hemorrhage	
Due to: Malignant Hypertension — 2 yrs or more	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Peter Reynaert (M. D. or other) DO

Address Farmington, Mo Date signed 2/9/45

RECEIVED

District Health Officer No. 4

District File Number 345-351

Date Filed 3-8-45

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

P. O. Address Farmington 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.