S.S.No.-unknown-if any

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED JUL 17 1940

21520
Do not use this space.

1. PLACE OF DEATH

(a) County Clay — Registration District No. 198

(b) ~~Township~~ Fishing River — Primary Registration District No. 3011 — Registered No. 96

or

(c) City Excelsior Springs, Mo. (d) Street No. Veterans Administration Facility St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. 4 mos. 19 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 613 Howard David Griffith

(a) Residence, No. Richmond, Mo. St. [ ] Richmond, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mabel Finley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	50	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hospital attendant

9. Industry or business in which work was done, as saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creighton, Mo. 0

FATHER

13. NAME Charles E. Griffith 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Missouri 0

MOTHER

15. MAIDEN NAME Harriet Poague

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin, Missouri

17. INFORMANT (ADDRESS) Hospital Records

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Gallatin, Mo. DATE June 20, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Prichard
Excelsior Springs, Mo. 180

20. FILED June 20, 1940 Mrs Rea McCracken
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1940 to June 19, 1940, 19....
I last saw him alive on June 19, 1940 Death is said to have occurred on the date stated above, at 9:55 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary arteriosclerotic disease of the heart with coronary occlusion, myocardial damage, anginal syndrome, incomplete intra-ventricular block of the left bundle branch type, auriculoventricular block and myocardial insufficiency.

Date of onset

Other contributory causes of importance:

94B

Name of operation No Date of
What test confirmed diagnosis? Examination and observation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19....
Where did injury occur? --- (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ---
Manner of injury ---
Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Unknown

(Signed) W. A. GERMAN, M.D. Clinical Director M.D.
(Address) Veterans Administration Facility
Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

BUM-9-19-38 I X16605

RECEIVED
District Health Officer No. 8
Notes File Number 7-16-40
Date Filed

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 Walter Barker, Registered Apprentice No. 228, working under my personal supervision.

Signed Claude Prichard

Licensed Embalmer No. 2751

P. O. Address Excelsior Springs 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, above space should be left blank.