FILED AUG 21 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26016

Registration District No. 689 Primary Registration District No. 5917 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) ~~City or town~~ Buzzalo Township 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 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. Louisiana, R.F.W.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edward Bates Griggith 613

3. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Carrie V. Griggith

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Apr (Month) 19 (Day) 1860 (Year)

8. AGE: Years 80 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joel Griggith
13. Birthplace Pike Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Harriet Bassnett
15. Birthplace Pike Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mrs Carrie V. Griffith
(b) Address Louisiana, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-40 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Grace Bankhead
(b) Address Bowling Green Mo

19. (a) July 30/40 (Date received local registrar) (b) F C Haley Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 40 hour 10 minute a M.

21. I hereby certify that I attended the deceased from July 28, 1940, to July 28, 1940, that I last saw him alive on July 28, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cordeae Arthur

Due to Senil difficulty

Due to + Mitral Insufficiency

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 D M Peacock (M. D. or other)
Address Louisiana Mo Date signed July 30

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

V. Pearson

RECEIVED
District Health Officer No. 10
District File Number 8-40-1561
Date Filed AUG 8 1940

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 Grace Pentlead

Licensed Embalmer No. 12204

P. O. Address Bowling Green 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.