

Registration District No. 41

Primary Registration District No. 5062

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Liberal, Mo. Highway
(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 years, months or days)
 In this community 8 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Liberal
(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 _____

3. (a) PRINT FULL NAME Isaac Griffitts

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Anna Griffitts 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 18th, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace Duham Co, MO. _____
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business _____

12. Name Jesse Griffitts

13. Birthplace unknown _____
(City, town, or county) (State or foreign country)

14. Maiden name Mary Trammel

15. Birthplace unknown _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mildred Thomson

(b) Address Liberal, MO.

17. (a) Burial (b) Date thereof 12-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mulberry, Kansas

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar, MO.

19. (a) Dec. 3-41. (b) J.R. Spill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd
 year 1941 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov 29, 1941, to Dec 1, 1941;
 that I last saw him alive on Nov 30, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy No

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A.G. Eddleman M. D. or other _____

Address Liberal Mo Date signed 12/3/41

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

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.....

A. W. Pinner

Licensed Embalmer No.

3141

P. O. Address.....

Lamar, 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.