

LED APR 8 1943
Registration District No. **324**

Primary Registration District No. **3072**

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

1. PLACE OF DEATH:

(a) County **SALINE**
(b) City or town **MARSHALL**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Fitzgibbons Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Week** (Specify whether
In this community **Life** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **SALINE**
(c) City or town **MARSHALL**
(If outside city or town limits, write "RURAL")
(d) Street No. **No. Belle** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Joseph Henry Griffith

3. (b) If veteran, name war **No**

3. (c) Social Security No. **491-07-764**

4. Sex **MALE** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MARY ELLEN**
6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **June 18 1878**
(Month) (Day) (Year)

8. AGE: Years **64** Months **9** Days **7**
If less than one day hr. min.

9. Birthplace **EMO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business

MOTHER FATHER { 12. Name **HAMILTON Griffith**
13. Birthplace **Unknown**
14. Maiden name **MATILDA CLAUSE**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Joe Griffith**

(b) Address **MARSHALL MO**

17. (a) **BURIAL** (b) Date thereof **Jan 28 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **RIDGE PARK**

18. (a) Signature of funeral director **Dan Short**

(b) Address **Marshall Mo**

19. (a) **3-30-43** (b) **Mrs T. Oberthorn**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **25**
year **1943** hour **11** minute **45** P.M.

21. I hereby certify that I attended the deceased from **Mar 19**
1943 to **Mar 25 1943**
that I last saw **him** alive on **Mar 25**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Spreading generalized peritonitis** Duration **8 days**

Due to **Perforated appendix**
Due to **12 1/2"**

Other conditions **Paralytic ileus**
(Include pregnancy within 3 months of death)

Major findings: **Ruptured appendix + generalized peritonitis**
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

23. Signature **W. H. Marshall** (M. D. or other)
Address **Marshall Mo** Date signed **3/26/43**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-7-43

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 Donald W. Stout

Licensed Embalmer No. 3757

P. O. Address Marshall 710

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.