

FILED SEP 21 1943

Registration District No. **749** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **3228 Cypress I.C.P.**

(c) Name of hospital or institution:
3228 Cypress
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Laclede 24**

(c) City or town **Laclede 5**
(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 **JOHN H. GRIFFITH**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept**, day **5**, year **1943** hour **4** minute **-** P. M.

21. I hereby certify that I attended the deceased from **8-15-43** to **9-5-43**, 19.43 and that death occurred on the date and hour stated above.

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **David H. Griffith**

6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased **Sept 6-1858**
(Month) (Day) (Year)

Immediate cause of death **Saban Pneumonia**

Duration **2 wks.**

8. AGE: Years **84** Months **11** Days **29** If less than one day _____ hr. _____ min.

Due to **Senile**

Due to **107**

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

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

10. Usual occupation **Carpenter**

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business **In self**

12. Name **Robert G. Griffith**

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

14. Maiden name **McGill**

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

16. (a) Informant **Mrs. G. B. Rogers**

(b) Address **3228 Cypress Hammett Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept 7-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Funerary Libary Mo Church of her Co**

18. (a) Signature of funeral director **L. Hunt Mo**

(b) Address _____

19. (a) **9-6-43** (Data received local registrar) (b) **Dr. E. L. Brown** (Registrar's signature)

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 **E. L. Hunt** (M. D. or other) _____
Address **3228 Prospect** Date signed **9-5-43**

100

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 Edgar Archer
Licensed Embalmer No. 3311
P. O. Address Liberty 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.