

D OCT 13 1943/55  
Registration District No.

Primary Registration District No. 5579

Registrar's No. 35

1. PLACE OF DEATH:

(a) County LeFlore  
(b) City or town Warrick  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jaeger Co. 7 B C Hospital  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 2 mo 0  
(Specify whether

In this community  
years, months or days

3. (a) PRINT FULL NAME Robert Lee Griffith

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color W race W 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 8 1884  
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Griffith

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

14. Maiden name Maudy Cobb

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

16. (a) Informant Records

(b) Address \_\_\_\_\_

17. (a) removal (b) Date thereof 9/2/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Madrid, Mo

18. (a) Signature of funeral director Walter Nelson

(b) Address 11111 Central Ave

19. (a) Sept 2, 1943 (b) Miss Lillie Layle  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town New Madrid 0720  
(If outside city or town limits, write "RURAL")  
(d) Street No. Box 193  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 1, year 1943 hour 30 P minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 23 1943 to Sept 1 1943, that I last saw him alive on Sept 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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 James E. Dargless (M. D. or \_\_\_\_\_)

Address 11111 Central Ave, Mo Date signed 9/1/43

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

MOTHER FATHER

43-2-857

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**