

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4-2009**
Registrar's No. **5160**

FILED DEC 22 1943
Registration District No. **149**

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 **W.C.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Union Station 3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **37 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson 97**
(c) City or town **W.C.** (If outside city or town limits, write "RURAL")
(d) Street No. **Slater Mo.** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Thomas M. Griffith**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **12**-day **6**-hour **43** minute **M.**

4. Sex **m** 5. Color or Race **w** 6. (a) Single, widowed, married, divorced **m**
6. (b) Name of husband or wife **Minerva Griffith** 6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **July 15, 1881**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Deputy Coroner

8. AGE: Years **58** Months **6** Days **21** If less than one day hr. _____ min. _____

Immediate cause of death: **Extensive Body Trauma**
Due to **Railroad accident**

9. Birthplace: **Walden Mo.**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **169-6**

10. Usual occupation **Conductor on R.R.**

11. Industry or business _____
12. Name **George Griffith**
13. Birthplace **Carroll County Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

Major findings: Of operations **30**
Of autopsy **See above**

16. (a) Informant **Harry Griffith**
(b) Address **5418 E 27th**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-8-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **mt Washington Cen**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **12/6/43**
(c) Where did injury occur? **Kansas City Mo**
(City or town) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **H. Thomas**
(b) Address **W.C.**
19. (a) **12-7-43** (Date received local registrar) (b) **B. E. Brown** (Registrar's signature)

23. Signature **B. E. Casner** (M. D. or other) **22 M. Day**
Address _____ Date of issue **12/7/43**

JAN 6 1944

FEB 24 1947

MAR 24 1944

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.....

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Signed *J. H. Kepner*

Licensed Embalmer No. *2244*

P. O. Address *KP 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.