

Registration District No. 278

Primary Registration District No. 4413

Registrar's No. _____

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82
(c) City or town Frankford
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALFRED GRIFFITH

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

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

6. (b) Name of husband or wife Harriett Griffith 6. (c) Age of husband or wife if alive 93 years

7. Birth date of deceased: April 16 1856
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Albert Griffith

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

14. Maiden name Bally Pickett

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

16. (a) Informant Mrs. R. C. Fishback

(b) Address Frankford, Mo.

17. (a) Burial (b) Date thereof Aug 8 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford Mo

18. (c) Signature of funeral director Jules and Son

(b) Address Frankford Mo.

19. (a) 8/8 1944 (b) Mrs. R. C. Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 7th
year 1944 hour 6:05 minute _____ A. M.

21. I hereby certify that I attended the deceased from March 1943, 1943 to August 6, 1944;
that I last saw him alive on August 6, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart failure
Duration _____

Due to _____
Due to _____

Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Not performed
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Telex A Hopkins (M. D. or other) DO
Address Frankford, Mo. Date signed 8-8-44

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

200

RECEIVED

District Health Officer No. 10

District File Number 9-44-1597

Date Filed SEP 12 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Isaac Fields Morgan

Licensed Embalmer No. 4093

P. O. Address Stafford, 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.