

FILED NOV 6 1945
Registration District No. 278

Primary Registration District No. 4415

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Clarksville
(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 90 (Specify whether
In this community Five years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82
(c) City or town Clarksville
(If outside city or town limits, write "RURAL.")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Melvin Griffith

3. (b) If veteran,
name war NO

3. (c) Social Security
No. 90

4. Sex Male 2

5. Color or
race Colored

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

6. (b) Name of husband or wife
NO

6. (c) Age of husband or wife if
alive 70 years

7. Birth date of deceased June 9 1930
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 4 17 hr. min.

9. Birthplace Pike County Mo. U.S.
(City, town, or county) (State or foreign country)

10. Usual occupation farm labor

11. Industry or business farm

12. Name Parker Griffith

13. Birthplace Unknown Mo. U.S.
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Jimmerson

15. Birthplace Pike County Mo. U.S.
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Griffith

(b) Address Lansiana Mo.

17. (a) Burial (b) Date thereof Oct. 27 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lansiana, Mo.

18. (a) Signature of funeral director Garner & Stone

(b) Address Lansiana, Mo.

19. (a) Nov 5 - 1945 (b) Lula Richard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from
Oct 20, 1945, to Oct 26, 1945;
that I last saw him alive on Oct 25, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute anterior
polomyelitis - Spasmodic

Duration

6 days

Due to not known

Due to not known

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 sta-
tistically.

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. W. Baileys (M. D. or other)
Address Clarksville Mo. Date signed 10/27/45

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

82
0
0

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

J. B. Stone

Licensed Embalmer No. *4039*

P. O. Address *Louisiana, 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.