

FILED MAR 18 1946

Registration District No. 277

Primary Registration District No. 4411

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Centennial Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community 30 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 83

(c) City or town Bowling Green (If outside city or town limits, write "RURAL") 1

(d) Street No. Centennial (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Cary J. Griffith

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jun day 20th year 1946 hour 3 minute 15 M.

21. I hereby certify that I attended the deceased from May 1st 1945 to Jan 20th 1946
that I last saw him alive on Jan 19th 1946 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 Married

6. (b) Name of husband or wife Fucinda Griffith

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

7. Birth date of deceased April 14 - 1869
(Month) (Day) (Year)

Immediate cause of death Cancer of the bowel

Duration _____

8. AGE: Years 76 Months 9 Days 6 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation Contractor Carpenter

Major findings: Cancer of the bowel

Of operations _____

Of autopsy _____ 462

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name James Griffith

13. Birthplace Pike Co. Mo.
(City, town or county) (State or foreign country)

14. Maiden name Jane Elgin

15. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Fucinda Griffith

(b) Address Bowling Green

17. (a) Burial (b) Date thereof 1-21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cem.

18. (a) Signature of funeral director: W. B. Elmore

(b) Address Bowling Green

19. (a) 3-1-46 (b) T. Bill Robinson
(Date received local registrar) (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 [Signature] M.D. (M. D. or other) _____

Address Bowling Green Mo. Date signed 4/20/46

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

210

9345

RECEIVED

District Health Officer No. 10

District File Number 3-46-527

Date Filed MAR 16 1946

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: W. B. Moore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.