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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34396

Registration District No. 278 Primary Registration District No. 2054 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: 2800 Georgia Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Louisiana 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2800 Georgia St. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Henry Griffith

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased December (Month) 6 (Day) 1857 (Year)

8. AGE: Years 78 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Louisiana (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Groceryman

11. Industry or business Retired

FATHER
12. Name William Franklin Griffith 0
13. Birthplace Pike County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Anna P Watters
15. Birthplace Unknown (City, town, or county) Czechoslovakia (State or foreign country) 0

16. (a) Informant Fred Griffith
(b) Address Louisiana, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana, Missouri

18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana, Missouri

19. (a) 9/4/46 (Date received by local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 1946 hour 8/30 PM minute M.

21. I hereby certify that I attended the deceased from Sept. 1, 1946 to Sept. 2, 1946 that I last saw him alive on Sept. 2, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	
Due to: Auricular Fibrillation	
Due to: Hypertensive Cardiovascular Disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none

Of autopsy no

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

While at work? no (e) Means of injury no

23. Signature Chas H. Lewellen (M. D. or other) 0

Address Louisiana, Missouri Date signed 9/4/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-46-1897
Date Filed OCT 14 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 Harold F. Garner

Licensed Embalmer No. 3720

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.