

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1947
278

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41630**
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County **Pike**
(b) City or town **Rural Louisiana**
(c) Name of hospital or institution:
Charles Smith Farm, Paris Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **Lifetime** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pike**
(c) City or town **Rural Louisiana**
(d) Street No. **Charles Smith Farm, Paris Rd**
(If rural, give location) **No**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ROLLIE GRIFFITH**

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

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **September 8 1932**
(Month) (Day) (Year)

8. AGE: Years **14** Months **3** Days **7** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farm Hand**

11. Industry or business **Dairy & farming**

12. Name **Parker Griffith**

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

14. Maiden name **Bertha Jameison**
(City, town, or county) (State or foreign country)

15. Birthplace **Lincoln Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bertha Jameison Griffith**

(b) Address **Rural Louisiana Missouri**

17. (a) **Burial** (b) Date thereof **12/18/1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Riverview Cemetery**

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

19. (a) **12-17-46** (b) **Bernice Collier**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **15th**
year **1946** hour **2** minute **30** P.M.

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

Immediate cause of death **gun shot in back while hunting**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **194**

Major findings: Of operations **197**

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Dec 15, 1946**

(c) Where did injury occur? **rural Pike Co**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm in field

While at work? **No** (Specify type of place)
(e) Means of injury **gun shot**

23. Signature **S. A. Goodin**
Address **Louisiana Mo** Date signed **12/16/46**

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

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

RECEIVED
District Health Officer No.
District File Number 1-42-33
Filed - JAN - 7-1947

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..... *Narcis Turner*
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.