

S. No. 2  
M-5-43  
5-17-39  
3667

FILED FEB 20 1947  
Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **48**

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

**1. PLACE OF DEATH:**  
 (a) County Pettis  
 (b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Bothwell Hospital **0**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution two weeks  
(Specify whether years, months or days)  
 In this community 18 years in Pettis County

**3. (a) PRINT FULL NAME** Mrs. Florence Griffith  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Isaac Griffith  
 6. (c) Age of husband or wife if alive deceased years  
 7. Birth date of deceased Nov. 8, 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>2</u>	<u>28</u>	hr. min.

9. Birthplace Saline County, Missouri **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

**MOTHER FATHER**  
 12. Name Solomon Cunningham  
 13. Birthplace unknown, Virginia  
(City, town, or county) (State or foreign country)  
 14. Maiden name Julia unknown

15. Birthplace unknown, unknown **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant Bud Griffith (son)  
 (b) Address Blackwater, Mo.

17. (a) Burial (b) Date thereof 2/8/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Salt Fork Cemetery

18. (a) Signature of funeral director Diane Cunningham  
 (b) Address Sedalia, Missouri

19. (a) 2/8/47 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Pettis **80**  
 (c) City or town Sedalia **6**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 424 North Stewart **4**  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 6  
 year 1947 hour 10:40 minute A. M.  
 21. I hereby certify that I attended the deceased from 23  
Jan, 1947 to Feb 6, 1947  
 that I last saw her alive on Feb 6, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobes  
Structure Right  
Subglottic neck of trachea

Due to  
 Due to  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operation  
 Of autopsy  
**ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**  
**186**  
**118**

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

22. If death was due to external causes, fill in the following: **132**  
 (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 (a) at home (b) Means of injury 0  
 Signature [Signature] (M. D. or other)  
 Address Sedalia, MO Date signed Feb 4 1947

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number \_\_\_\_\_

Date Filed 2-15-47

*Dr. [Signature]*

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

*Jewell E. Richards*

Licensed Embalmer No. 2460

P. O. Address Lipton, 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. March

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County Pettis
- (b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
Barnwell Hoop  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 2 weeks  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Flourence Hippitt

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased Nov 8, 1888  
(Month) (Day) (Year)

8. AGE: Years 88 Months \_\_\_\_\_ Days \_\_\_\_\_ (If less than one day) \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 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 \_\_\_\_\_

Duration

Pneumonia  
Bronchial

Due to Heart 18 - AF

Due to Heart 18 - AF

Other conditions in sedalia mo  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Sedalia Date signed 3/12/47

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

SUPPLEMENTARY

S-5694