No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1947

Registration District No. 278

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3054

State File No. 21860

Registrar's No. 56

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:
~~[illegible]~~ 1212 Tennessee St.
(If not in hospital or institution, write street number or location)

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

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. ~~[illegible]~~ 1212 Tennessee 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME JOHN A GRIFFITH

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Rosie S. Griffith

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May (Month) 29 (Day) 1855 (Year)

8. AGE: Years 92 Months 0 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED TEAMSTER

11. Industry or business GENERAL HAULING

FATHER
12. Name Joseph Griffith
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Harriet Bassinet
15. Birthplace Hannibal (City, town, or county) Missouri 9 (State or foreign country)

16. (a) Informant Mrs. John A. Griffith
(b) Address Louisiana, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cem.

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

19. (a) 6/8/47 (Date received local registrar) (b) Bernice Collier (Registrar's signature) 274

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1947 hour 7 minute 30 AM

21. I hereby certify that I attended the deceased ~~from~~ 2 yrs. prior to death. ~~19~~ June 6 1947; that I last saw him alive on at 12:30 A.M. 6/5/47 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Edema.	1 day
Due to Acute Myocarditis + Cardiac Decompensation	1 wk
Due to Chronic Malnutrition & Vitamin Deficiency	2 yrs
Other conditions (Include pregnancy within 3 months of death) Senile Dementia.	2 yrs. 5 yrs.

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? ROBERT L. ANDRAE, M. D. (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Robert L. Andrae (M. D. or other) M.D.
Address Louisiana, Mo. Date signed 6/8/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 1-42-840
Date Filed JUL - 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~~ and Virginia M. Sterne, Registered Apprentice No. 491, working under my personal supervision.

Signed J. B. Sterne

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.