

No. 2
2-45
17-39
X47070

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

FILED NOV 20 1947

Registration District No. **B2**

Primary Registration District No. **3006**

Registrar's No. **292**

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town City of Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
114 S. Edgewood Ave
(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)

3. (a) PRINT FULL NAME Kittie Sandison Griffin

3. (b) If veteran, name war.....
 3. (c) Social Security No. 489-03-2567

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

6. (b) Name of husband or wife Willard Wire Griffin
 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept. 22 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>1</u>	<u>20</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Chas. C. Sandison

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

14. Maiden name Mary Chapman Sandison

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

16. (a) Informant Virlea G. Voges

(b) Address 114 S. Edgewood Ave

17. (a) Burial (b) Date thereof 11 14 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville Mo

18. (a) Signature of funeral director Tom B. Patton
 (b) Address Huntsville, Mo

19. (a) 11-12-47 (b) Mrs. R. E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
 (c) City or town Columbia
(If outside city or town limits, write "RURAL")
 (d) Street No. 114 S Edgewood
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
 year 1947 hour 6 minute 15 M.

21. I hereby certify that I attended the deceased from Jan 1
1947 to Nov 12 1947
 that I last saw her alive on Nov 12 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy
arteriosclerosis
 Due to.....
 Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings:
 Of operations.....
 Of autopsy.....
83A

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?.....
 (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 H. C. Griffiths (M. D. or other)
 Address Huntsville, Mo Date signed 11-12-47

Duration

4 hrs

23

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number

NOV 19 1947

Date Filed

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.....

Tom B. Patton

Licensed Embalmer No.....

3914

P. O. Address.....

Huntsville, Ala.

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.