

FILED AUG 5 1948

Registration District No. 112

Primary Registration District No. 5428

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural Boone
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Griffith

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

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

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

7. Birth date of deceased May 8 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 0 17 hr. min.

9. Birthplace St Louis County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Wiram Griffith

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

14. Maiden name Catherine Snyder

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

16. (a) Informant Maud Sanders

(b) Address 1409 South 7th St St Louis Mo

17. (a) Burial (b) Date thereof May 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reedville Cem.

18. (a) Signature of funeral director E. J. Terrence

(b) Address Beaufort Mo

19. (a) May 26 1948 (b) J. Matthews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
(c) City or town Rural Boone
(If outside city or town limits, write "RURAL")
(d) Street No. Rural RFD 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 1948
year. hour 9:55 minute A.M.

21. I hereby certify that I attended the deceased from Nov 10
1947 to May 25, 1948

that I last saw him alive on May 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration 30 days

Due to Myo. cardiac chronic Unknown

Due to Passive congestion pulmonary 5 days

Other conditions Prostatic hypertrophy 10 years
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature B. J. McAuley (M. D. or other)

Address Rehald Mo Date signed 5-25-48

WRITE PLAINLY - USE UNFADING INK - MAKE A FINGERPRINT -

Date Filed AUG 2 1948
District File Number

District Health Officer No. 9,
RECEIVED

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

E H Jenne

....., Registered Apprentice No.

working under my personal supervision.

Signed *E H Jenne*

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.