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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 31 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27348

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 223

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Madison R 69
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? — (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME Charles Griffith
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Lillie Farrell Griffith
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased 2 (Month) 4 (Day) 1877 (Year)

8. AGE: Years 72 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Berkshire (City, town, or county) Ohio 1 (State or foreign country)
10. Usual occupation Farming
11. Industry or business Farming
FATHER
12. Name David Griffith
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
MOTHER
14. Maiden name Abbie McGinn
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
16. (a) Informant Mrs Russell Farrell
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sweet Hill
18. (a) Signature of funeral director Fred G. Thompson
(b) Address Madison Mo
19. (a) 8/25/48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 7/1/49

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug. 20, 1948, to Aug. 23, 1948; that I last saw him alive on Aug 23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cause unknown probable	10 days
Due to Uremia, cause undetermined	2 days
Due to Fever cause unknown probable liver abscess	10 days
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Clarence C Cohn 0 (M. D. or other) MD
Address Woodland Hospital Moberly, Mo. Date signed Aug 24/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 8-48
AUG 30 1948
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 Maxwell A. Thompson

Licensed Embalmer No. 3282

P.O. Address Madison Miss

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.