. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 27 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30630

State File No.

Registration District No. 2 7 8

Primary Registration District No. 3054

Registrar's No. 99

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: Pike Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pike
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R#2 Louisiana, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Cluey Pearley Griffith
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Cora Bell
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: April 28, 1887 (Month) (Day) (Year)
8. AGE: Years 61 Months 4 Days 18 If less than one day hr. min.
9. Birthplace: Pike County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: Farm
MOTHER FATHER
12. Name: William Griffith
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Nancy Mary Todd
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Pearl Griffith
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cem. Pike Co. Mo.
18. (a) Signature of funeral director: George O. Wagner
(b) Address: Louisiana Mo.
19. (a) 9-18-48 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16 year 1948 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from 8-27, 1948, to 9-16, 1948 that I last saw h. im. alive on 9-16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Failure	1 wk
Due to Hypertensive Cardiovascular Disease	yrs
Due to	
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? —
While at work? (Specify type of place) (e) Means of injury —
23. Signature: Chas H Lewellen (M. D.)
Address: Louisiana Mo. Date signed 9-16-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 16
District File Number 9-48-1666
Date Filed SEP 24 1948

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, ~~and by~~ .....

....., ~~Registered Apprentice No.~~ .....,

~~working under my personal supervision.~~

Signed George O. Hagner

Licensed Embalmer No. L 3773

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.