

REC'D MAY 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14748

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township _____ Primary Registration District No. 3618 Registered No. _____
(c) City Chastain mo (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 6.13

2. PRINT FULL NAME

(a) Residence, No. Walter J. Griffith St. (If nonresident, give city or town and State)
E. Ohio (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irma Griffith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1881
7. AGE YEARS 56 MONTHS 6 DAYS 7 If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry, mo
FATHER 13. NAME George W Griffith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
MOTHER 15. MAIDEN NAME Ellen Shields
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
17. INFORMANT (ADDRESS) Mr Robt Wiley
Chastain mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 5/1 38
19. FUNERAL DIRECTOR (ADDRESS) Consolus & Peck
Chastain mo
20. FILED 12 1938 Dr J R Hampton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1938
22. I HEREBY CERTIFY, That I attended deceased from death 19 to Apr 29 1938
I last saw him live on Apr 25 1938 Death is said to have occurred on the date dated above, at unknown m.
The principal cause of death and related causes of importance were as follows:
Death probably due to coronary disease from unknown
Date of onset _____
Other contributory causes of importance: none
Name of operation none Date of _____
What test confirmed diagnosis? examined Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury none
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) S. B. Hughes M. D.
Chastain mo (Address) 312
Erwin Hughes

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, J. E. Bonsalus, Licensed Embalmer No. 1891

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed J. E. Bonsalus

Licensed Embalmer No.

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.)