

**FILED MAY 13 1946**

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 84

**1. PLACE OF DEATH:**

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 315 W 4th - 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community all life years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Henry 42  
(c) City or town Clinton 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 315 W 4th St 2  
(If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Henry Griggs

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 490-05-8147

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Alpha E Griggs 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased March 22 1882  
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name J O Griggs

13. Birthplace Mo 1  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Vanacker

15. Birthplace Mo 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Gene Griggs

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 4-21-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Cassius T Beck

(b) Address Clinton Mo  
19. (a) 4-20-46 (b) R R Hermsley  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4 day 18  
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 19 19 that I last saw him Dead on Arrival and that death occurred on the date and hour stated above.

Immediate cause of death Deceased committed suicide by hanging breaking his neck. Death was instantaneous.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 1640

**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) suicide

(b) Date of occurrence 4/18/46

(c) Where did injury occur? Clinton Henry Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? no (Specify type of place) (e) Means of injury hanging

23. Signatures R. P. Hollingsworth Chas E  
Address Clinton Mo Date signed 4/19/46

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

11843

RECEIVED  
District Health Officer No. 7,  
District File Number 4-46-422  
Date Filed 5-10-46

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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 R. R. Kenney  
Licensed Embalmer No. 3099  
P. O. Address Clinton 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.