

FILED JUN 10 1946

Registration District No.

Primary Registration District No.

3056

Registrar's No.

105

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: 600 Promenade
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether)
In this community 40 years
years, months or days

3. (a) PRINT FULL NAME THOMAS E. GRITTON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lou Lee Grifton 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased December - 24 - 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 9 If less than one day
hr. min.

9. Birthplace Monroe Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Agent (Retired)

11. Industry or business

12. Name Marion Grifton

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

14. Maiden name Sallie Ann Riley

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

16. (a) Informant Mrs. C. S. Riley

(b) Address 416 E. Carpenter Moberly Mo

17. (a) Burial (b) Date there May - 5 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo.

18. (a) Signature of funeral director None (Specify type of place)
(b) Address Moberly Missouri (e) Means of injury None

19. (a) May 5 - 46 (b) Dean William Lowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 600 Promenade
(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 3rd
year 1946 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from Feb - 5 - 46 to May - 3rd - 46
that I last saw him alive on May - 1 - 46
and that death occurred on the date and hour stated above.

Immediate cause of death Sanility and Arteriosclerosis, general Duration ?

Due to

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 E. H. Shrader (M. D. or not)

Address Moberly Mo Date signed 5 - 4 - 46

JUL 8 1949

FEB 3 1953

JUN 18 1946

6-46-1082
Date of issue 11/12/46 1946

STATEMENT BY LICENSED EMBALMER

AUG 11 1952

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. M. Cater

Licensed Embalmer No. *4117*

P. O. Address *Moberly 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.