

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

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.

Registration District No. 6-215-17-195

Primary Registration District No. 3031

Registrar's No. 73

1. PLACE OF DEATH:
 (a) County Nodaway
 (b) City or town Maryville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis 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 _____
 years, months or days 1-2
 3. (a) PRINT FULL NAME Unnamed son of Mr + Mrs (b) Dale Edward Griffith
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 3, 1940
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Dale Edward Griffith!
 13. Birthplace Sask. Canada
 (City, town, or county) (State or foreign country)
 14. Maiden name Virginia Patterson
 15. Birthplace Red oak Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant's name Mrs. H. V. Griffith
 (b) Address Maryville Mo

17. (a) Burial (b) Date thereof June 5, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director John Price
 (b) Address Maryville Mo.

19. (a) June 5, 1940 (b) Mamie E. Clardy
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Nodaway
 (c) City or town Maryville
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 5th
 year 1940 hour 5 minute _____ P. M.
 21. I hereby certify that I attended the deceased from June 3rd 1940 to June 5th 1940
 that I last saw him alive on June 4th 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity of birth. Inanition. Duration _____

Due to Prematurity of birth
 Due to about 7 1/2 mo.

Other conditions _____
 (Include pregnancy within 5 months of death) 154

Major findings:
 Of operations none - no operations
 Of autopsy no 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? 5510

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature L. E. Dean (M. D. or other) MD
 Address Maryville Mo Date signed 6-5-40

RECEIVED

District Health Officer No. 11,

District File Number 740-1237

Date Filed JUL 15 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.