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FILED JUL 20 1942 89

Primary Registration District No. 2007

Registrar's No. 193

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 303 N. Woodrow
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Joseph Griffith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1942 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 8, 1942 to June 19, 1942; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hermitic Stenosis Duration 10 days
Hypertension ?
Due to _____
Due to _____

Other conditions Fracture right femur 11 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 28 1849
(Month) (Day) (Year)

8. AGE: Years 92 Months 9 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation saw mill worker

MOTHER FATHER

11. Industry or business _____
12. Name Unknown
13. Birthplace _____ 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Griffith
(b) Address Poplar Bluff, Mo.
17. (a) Removal (b) Date thereof June 21-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shiloh, Mo.
18. (a) Signature of funeral director Frank Martens
(b) Address Poplar Bluff, Mo.
19. (a) 6-22-42 (b) Belle Kaine
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 28
(b) Date of occurrence June 8 - 1942
(c) Where did injury occur? Poplar Bluff, Butler, 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) (f) Means of injury fall
23. Signature P. B. Sheehy (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed 6/24/42

RECEIVED

District Health Office No. 2,

District File Number 742-8205

Date Filed JUL 13 1942

REG. No. 2
SOM. 17

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 Ernest W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff, 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.