

FILED MAR 15 1946
Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Howell WEST PLAINS
(b) City or town West Plains WEST PLAINS
(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 6 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town West Plains Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Longrun (If rural, give location)
(e) Citizen of foreign country? us (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sarah Adaline Griffith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Husband
Hella Griffith

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Dec 1 1855
(Month) (Day) (Year)

8. AGE:

Years 90 Months 1 Days 13
If less than one day _____ hr. _____ min.

9. Birthplace

Ozark Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Brahma Sallee

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

14. Maiden name Martina Green

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

16. (a) Informant Mrs. William D Roberts

(b) Address West Plains

17. (a) Burial (b) Date thereof 2-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wicks Cemetery

18. (a) Signature of funeral director Roller Funeral Home

(b) Address Lainesville Mo

19. (a) Feb 19, 1946 (b) Gladys Harrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1946 hour 4 minute 45 p.m.

21. I hereby certify that I attended the deceased from 1-7 to 2-13-1946
that I last saw her alive on Feb. 4 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Myocarditis

Due to General Arteriosclerosis

Due to _____

Other conditions Senility

(Include pregnancy within 3 months of death)
Fracture of right femur - neck

Major findings: Of operations _____

Of autopsy 930

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. C. Bohrer (M. D. or other) MD
Address West Plains, Mo. Date signed 2-10-46

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

RECEIVED

District Health Officer No. 5,

District File Number

Date Filed

246209

8-14-46

This Body was not Embalmed

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

Lawrence S. Hall

Licensed Embalmer No.

2784

P. O. Address

Warrville

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.