

FILED MAY 15 1947

Registration District No. 368 Primary Registration District No. 6247

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Rural Johnsonburg  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Sullivan, Mo. Rt. 4.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Washington

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Sullivan, Mo. Rt. 4.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Cornealious Hiram Griffith

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Manda Jane Griffith

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

7. Birth date of deceased Jan. 9. 1956  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

91 3 24 hr. min.

9. Birthplace St. Louis Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER, FATHER {

12. Name Hiram Griffith

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

14. Maiden name Unknown Sunday

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

16. (a) Informant Edward Griffith

(b) Address Sullivan, Mo. Rt. 4.

17. (a) Burial (b) Date thereof May 5 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reedville, Mo.

18. (a) Signature of funeral director W. S. Stoffer

(b) Address Sullivan, Mo.

19. (a) 516-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1947 hour 1 minute 55 P.M.

I hereby certify that I attended the deceased from Dec-16-46  
to May-3-47 1946  
that I last saw him alive on Jan 20, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Psychoneurosis - 7 years.

Due to.....

Due to.....

Other conditions chronic pyelocystitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy..... 1338

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) Means of injury.....

23. Signature W. S. Mitchell (M. D. or other) 7/4/47  
Address St. Clair Mo Date signed 7/4/47

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

RECEIVED  
No. 4  
547-688  
5-13-47

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 Robert M Murray  
Licensed Embalmer No. 3749  
P. O. Address Sullivan, 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.