

National Office of Vital Statistics
FILED MAR 2 1948

Registration District No. **5224**

Primary Registration District No. **5224**

1. PLACE OF DEATH:

(a) County **Cass**

(b) City or town **Rural Grand River Twp.**
(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 years, months or days)

In this community **13 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cass**

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME **EDGAR McDONNELL GRIFFITH**

3. (b) If veteran name war **1st World War**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color **White**

6. (a) Single, widowed, married, divorced **Married**

6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **Aug 12 1884**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **21** year **1948** hour **1:45** minute **A.**

21. I hereby certify that I attended the deceased from **Nov. 1 1947** to **Feb 21 1948** that I last saw him alive on **Feb 14 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

8. AGE:	Years	Months	Days	If less than one day
	63	6	9	hr. _____ min. _____

Due to **Arteriosclerotic Heart Disease**

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

Due to _____

Other conditions... (Include pregnancy within 3 months of death)

10. Usual occupation **Physician**

PHYSICIAN

Underline the cause of which death should be charged statistically.

11. Industry or business _____

12. Name **David Robert Griffith**

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

Major findings: Of operations _____

Of autopsy **93D**

14. Maiden name **Vivian Eursky Bates**

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

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? _____ (Specify type of place)

16. (a) Informant **Dr. G. C. Cressel**

(b) Address **Harrisonville Mo.**

17. (a) **Rural** (b) Date thereof **2-23-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rural Cemetery**

While at work _____ (e) Means of injury _____

18. (a) Signature of funeral director **RUNNENBURGERS**

(b) Address **HARRISONVILLE, MO.**

23. Signature **O. H. Parker** (M. D. or other) **MD**

Address **Harrisonville, Mo** Date signed **2/22/48**

19. (a) **2-24-48** (b) **Laura A. Jones**
(Date received local registrar) (Registrar's signature)

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

2799

APR 15 1948

AUG 8 1952

JUN 1 1961

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 Reimnberger

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.

Registration District No. 59

Primary Registration District No. 5224

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Grandview Twp Rural
(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 13 years (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME

Edgar M. Griffith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ethel Lord Griffith 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Aug 12 1887
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 12 (Less than one day) _____ hr. _____ min.

9. Birthplace Grandview Twp, MO
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business _____

12. Name David Robert Griffith

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

14. Maiden name Virginia Eureka Bates

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

16. (a) Informant Dixie H. Crouch
(b) Address Harrisonville, MO

17. (a) Burial (b) Date thereof 2-23-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orient Cem.

18. (a) Signature of funeral director Runnenburgers
(b) Address Harrisonville, MO

19. (a) 2-24-1948 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Year 1948 hour 11 minute 45 a. M.

21. I hereby certify that I attended the deceased from November 1947 to February 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to Arteriosclerosis
Heart Disease

Due to _____

Other conditions: _____ (include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 O. B. Barger (M. D. or R. N.)
Address Harrisonville, MO Date signed 2-22-48

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

2B
4388B

MOTHER FATHER

EMERALD

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

4230