

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25406
 Do not use this space.

AUG 9 1939

1. PLACE OF DEATH

(a) County Clay Registration District No. 203
 (b) Township Platte Primary Registration District No. 5281 Registered No. 20
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward P. Griffin

(a) Residence, No. Clay County, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Malvina Dryden
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 6 0
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Merchant General Store
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to July 28, 1939
 I last saw h./her alive on July 27, 1939 Death is said to have occurred on the date stated above, at 4:15 P.M. All The principal cause of death and related causes of importance were as follows:

Sarcinoma of head of Pancreas Date of onset ?

Other contributory causes of importance: fb

Name of operation no Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury _____, 1939
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) E. C. Hill M. D.
184 (Address) Smithville, MO

12. BIRTHPLACE (CITY OR TOWN) Prince George Co.
 (STATE OR COUNTRY) Maryland

FATHER 13. NAME Walter Griffin

14. BIRTHPLACE (CITY OR TOWN) Maryland
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Eleanor Bryan

16. BIRTHPLACE (CITY OR TOWN) Maryland
 (STATE OR COUNTRY)

17. INFORMANT Mrs Marshal Halferty
 (ADDRESS) Smithville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Paradise Cemete DATE July 30, 1939

19. FUNERAL DIRECTOR McComas Mortuary
 (ADDRESS) Smithville, Missouri

20. FILED 7-29- 1939 E. C. Hill
 Local Registrar.

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.

RECEIVED
District Health Officer No. 8
District File Number 87/39
Date Filed

STATEMENT BY LICENSED EMBALMER

I, *****S. A. McComas***** Licensed Embalmer No. *****2303*****

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *****M.G.*****

*****L. E.*****

No. ***** or by ***** Registered Apprentice No. *****

working under my personal supervision.

Signed *S. A. McComas*

Licensed Embalmer No. 2303

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.)