

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

44181
 Do not use this space.

REC'D JAN 18 1940

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 619
 (b) Township Atchison Primary Registration District No. 5821
 (c) City Burlington Registered No. Mo. St. Mo.
 (d) Street No. RR #2 (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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. RR #2, Burlington Jet, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 (or) WIFE OF Martha Evelyn Nicholas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 12, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 9 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Clearmont Mo.

FATHER 13. NAME James M. Griffey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Clearmont Mo.

MOTHER 15. MAIDEN NAME Martha Jane Davison

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

17. INFORMANT (ADDRESS) Lee Ernest Griffey RR #2 Burlington Jet, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clearmont Cemetery

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home Maryville Mo

20. FILED Jan 15 1940 W. B. Humphrey Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6, 1939

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ 19... to ... 19...

last saw him arrive on ... 19... Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation, by suicidal hanging by neck Date of onset 12/6

Other contributory causes of importance: 165

Name of operation none Date of no

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 12/6, 1939

Where did injury occur? near Clearmont, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. farm home

Manner of injury hanging by neck

Nature of injury asphyxiation

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Chas. D. Humbert, M.D.

(Signed) Chas. D. Humbert, M.D. (Address) Clearmont, Nodaway Co., Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. 11;
District File Number 40-1992
Date Filed JAN 16 1940

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 Clum M. Rice

Licensed Embalmer No. 1822

P. O. Address Maryville, 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, above space should be left blank.