

Registration District No. 1508

Primary Registration District No. 3020

Registrar's No. 21

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.

1. PLACE OF DEATH: 1
 (a) County Jasper
 (b) City or town Carthage
 (c) Name of hospital or institution: McGraw-Bracke Hospital
 (d) Length of stay: In hospital or institution 8 days
 In this community 3 yrs
 years, months or days

3. (a) PRINT FULL NAME IDAHO GRIFFIN
 3. (b) If veteran, name war no
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John Griffin 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased December 8, 1875
 (Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 14
 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER
 12. Name Link 9
 13. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas. P. Anderson
 (b) Address Reeds mo. R. 1

17. (a) Burial (b) Date thereof Jan. 26, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Phillipsburg Mo.

18. (a) Signature of funeral director W. R. K... 1
 (b) Address Carthage Mo. 510

19. (a) Jan. 25, 1940 (b) E. J. McEntine, M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Reeds
 (d) Street No. Route 1
 (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 22nd
 year 1940 hour 6:30 minute M.
 21. I hereby certify that I attended the deceased from 1/16/40
 to 1/23/40, 1940,
 that I last saw her alive on 1/23/40, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Labor pneumonia (Influenza) 7 days
 Duration 7 days
 Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 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?
 (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 W. J. McEntine (M. D. or other)
 Address Carthage, Mo. Date signed 1/26/40

RECEIVED

District Health Officer No. 6,

District File Number 240-2471

Date Filed FEB 13 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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Emmal R. Stuebel

..... Licensed Embalmer No. 391

..... P. O. Address Carthage

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.