

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11058
State File No.
Registrar's No.

Registration District No. 328

Primary Registration District No. 5461

1. PLACE OF DEATH:

(a) County Groves
(b) City or town Neutan Rt # 2 Jefferson Mo
(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 None
In this community 3 yrs
years, months or days (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Groves
(c) City or town Neutan Rt # 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME ELIAS Francis M^cGriff

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased Feb 6 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 23 hr. min.

9. Birthplace In Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Refused

11. Industry or business _____

12. Name Geo M Griff

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

14. Maiden name JANE DOTY

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

16. (a) Informant Mrs. Ernest Overman

(b) Address Laredo Mo

17. (a) burial (b) Date thereof March 2 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Gipsous Mortuary

(b) Address Neutan Mo 300

19. (a) 2 1 40 (b) Gene Overman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29 1940
year _____ hour 8 pm minute _____ M.

21. I hereby certify that I attended the deceased from August 1st
1939 to Feb 28th 1940
that I last saw him alive on Feb 7th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Duration ??

Due to _____
Due to 10/10

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

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
Underlines the cause to which death should be charged statistically.

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 Clifford F. Duff (M. D. or other) _____
Address Neutan Mo Date signed March 1st 1940

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

40

RECEIVED
District Health Officer No. 11,
District File Number 440-563
Date Filed APR 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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Charles G. [Signature]

Licensed Embalmer No. _____

P. O. Address _____

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.