

MAY 13 1940

Registration District No. 314

Primary Registration District No. 5435

I. PLACE OF DEATH:

(a) County Greene
(b) City or town Ark Grove Rr Boone Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community several years. (Specify whether years, months or days)

8. (a) PRINT FULL NAME John Harrison Griffin 615
8. (b) If veteran, name war none
8. (c) Social Security No. _____

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha Dixon
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased January 29 1879
(Month) (Day) (Year)

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

9. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business denial farmer

MOTHER FATHER
12. Name John Griffin
13. Birthplace Tenn
14. Maiden name Martha Hamilton
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Bertha Dixon
(b) Address Ark Grove Missouri

17. (a) Rural (b) Date thereof April 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director Genea Brown
(b) Address 20 Walnut Iron, Missouri

19. (a) April 30/40 (b) Mrs Leonard Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Ark Grove Mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R 75 # 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 / year 1940 hour 6⁰⁰ minute 40⁰⁰ M.

21. I hereby certify that I attended the deceased from for past two years 1938 to April 28 1940; that I last saw him alive on April 28 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Block Duration _____

Due to Chronic Endocarditis

Due to Hypertension from Cardio-Renal Pathology

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

PHYSICIAN
Underline 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 Charles H McHaffey M. D. or _____ M.D.
Address Ark Grove Mo Date signed 4-30-40

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

