DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18331

Registration District No. 289 Primary Registration District No. 5407 Registrar's No. 3F

1. PLACE OF DEATH:

(a) County Dunklin

(b) ~~City or town~~ Rural Cotton Hill Twn.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2 mile S.W. Malden, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Dunklin

(c) City or town Rural Cotton Hill
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mile S.W. Malden Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lloyd Griffin 615

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased 5 (Month) 28 (Day) 1940 (Year)

8. AGE: Years | Months | Days | If less than one day hr. 55 min.

9. Birthplace Dunklin Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name John Wesley Griffin
13. Birthplace Boles Spring (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Maudie Bradford
15. Birthplace (City, town, or county) Okla. (State or foreign country)

16. (a) Informant's own signature J W Griffin
(b) Address R.F.D. Malden Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 5-29-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Pollard Ark.

18. (a) Signature of funeral director
(b) Address

19. (a) 5/29/1940 (Date received local registrar) (b) S. E. Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 40
year 1940 hour 6 p.m minute M.

21. I hereby certify that I attended the deceased from May 28 5:05 pm 1940, to May 28 6 p.m 1940
that I last saw him alive on May 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pre-mature birth | Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

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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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Homer Beall (M. D. ~~[illegible]~~)
Address 110 W. Main Malden, Mo. Date signed 5-29-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 2
District File Number 640 - 110
Date Filed 6/6/40

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.....

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.