

No. 2
1-10-39
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22602

State File No. 725

FILED JUL 17 1940

Registration District No. 725

Primary Registration District No. 5960C

Registrar's No. 5960C

1. PLACE OF DEATH:

(a) County Ralls co Oregon Mo
 (b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
 (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 2
(Specify whether)
 In this community All of Life
years, months or days

8. (a) PRINT FULL NAME Lillian V Griffin
 3. (b) If veteran, name war _____
 8. (c) Social Security No. none

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced: married
 6. (b) Name of husband or wife Husband, Lester Griffin (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 11, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	7	13	hr. _____ min.

9. Birthplace Ralls co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Charles Counts

13. Birthplace Ralls co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Keithly

15. Birthplace Ralls co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Gene

(b) Address St. James, Mo

17. (a) Burial (b) Date thereof June 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County Cemetery

18. (a) Signature of funeral director Coch-Wilkey
 (b) Address Center, Mo

19. (a) 6/26 40 (b) Griffin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
 year 1940 hour 5 minute 30.6 M.

21. I hereby certify that I attended the deceased from _____
no medical attention
 that I last saw h _____ alive on _____, 19 _____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Sunshot wound in left side of temple from 22 Caliber rifle.
 Due to _____
 Due to _____

Other conditions 173
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence June 25, 1940

(c) Where did injury occur? B.F.D. Ralls Co Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? No (Specify type of place) _____
 (e) Means of injury Sunshot

23. Signature Lyle C Wilkey
 Address Leban, Mo Date signed 6/24/40

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 7-40-1418

Date Filed JUL 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 Edgar B. Schlanker

Licensed Embalmer No. 4134

P. O. Address Montgomery City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.