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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35566**

Registration District No. **411** Primary Registration District No. **2002** Registrar's No. _____

1. PLACE OF DEATH:
(a) County **TASPER**
(b) City or town **Joplin**
(c) Name of hospital or institution: **St. John's Hospital**
(d) Length of stay: In hospital or institution **4 hours**
In this community **3 1/2 hours**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **TASPER**
(c) City or town **Joplin**
(d) Street No. **415 West 15th St.**
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **(INFANT) GRIFFITH**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **13**
year **1940** hour **11** minute **53** A.M.

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 13 1940**

21. I hereby certify that I attended the deceased from **10/13/40** to **10/13/40**, 19____; that I last saw him alive on **10/13/40**, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 **0** **0** **5 hr. 30 min.**

Immediate cause of death **Pneumatury**
Delivered by P.D. in home, sent to St. John's Hosp. seen by request of former pt.
Due to _____
Due to _____

9. Birthplace **Joplin Missouri**

Other conditions (Include pregnancy within 3 months of death) **154**

10. Usual occupation **Infant**

Major findings: Of operations _____
Of autopsy **none**

MOTHER FATHER
12. Name **Willie H Griffith**
13. Birthplace **Neosho Missouri**
14. Maiden name **May Neff**
15. Birthplace **Granby Missouri**

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? **3-10**

16. (a) Informant **Father**
(b) Address **415 W. 15th St. Joplin Mo**
17. (a) **Burial** (b) Date thereof **Oct 14 1940**
(c) Place: burial or cremation **Fairview Cemetery**

23. Signature **W. H. Griffith** (M.D. or other) _____
Address **331 7th St. Joplin Mo** Date signed **10/14/40**

18. (a) Signature of funeral director **Lanpher Mortuary**
(b) Address **1502 Joplin**
19. (a) **10-14-40** (b) **W. H. Griffith**
(Date received local registrar) (Registrar's signature)

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

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.....

F. M. Jones

Licensed Embalmer No. *2319*

P. O. Address.....

Joplin mo

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, fact should be so stated above.