No. 2
1-10-39
17-

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 25 1941

Registration District No. 207

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4125-

State File No. 42205

Registrar's No. 28-37

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Plattsburg
(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 (Specify whether years, months or days)

In this community 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Plattsburg
(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 Lucy Graves Griffin

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife George Griffin

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

7. Birth date of deceased April 2, 1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	8	18	hr. min.

9. Birthplace Paris Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business ?

MOTHER FATHER

12. Name Willis Graves

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Todd

(b) Address Plattsburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mecca

18. (a) Signature of funeral director O'brie-Lyon

(b) Address Plattsburg Mo.

19. (a) Dec 23-'40 (Date received local registrar) (b) Eunice Chastain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1936 to Dec. 20, 1940 that I last saw he alive on Dec. 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute enteritis	2 days
Myocarditis	2 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Dehydration	2 days

Major findings:
Of operations none

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. B. Spalding (M. D. or other) HMD

Address Plattsburg Mo. Date Dec 22-40

(Licensed Embalmer's Statement on Reverse Side)

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 Darrell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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, above space should be left blank.