

No. 2  
1-13-40  
-17-39  
X23159

State File No. ....

Registrar's No. 258

REC'D APR 10 1941  
318

Registration District No. ....

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 308 S. Jefferson  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 10 Years  
years, months or days

3. (a) PRINT FULL NAME Clyde E. Griggs

3. (b) If veteran, name war no

3. (c) Social Security No. 429-10-8895

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Catherine Griggs

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased October 28 1896  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>5</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace Hamilton Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Ozark Motor Supply Co.

MOTHER FATHER { 12. Name George C. Griggs

13. Birthplace Unknown Texas  
(City, town, or county) (State or foreign country)

14. Maiden name Lilly (Unknown)

15. Birthplace Unknown Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Griggs

(b) Address Springfield, Mo.

17. (a) Removal (b) Date thereof March 29 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dallas, Texas

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 3-28-41 (b) N.E. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 735 E. Monroe 6  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1941 hour 7 minute 15 p. M.

21. I hereby certify that I attended the deceased from Mar. 28 1941 to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Sudden

Due to Chronic Myocarditis  
Heart Attack

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 92 H

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Sudden

(b) Date of occurrence 3-28-41

(c) Where did injury occur? Springfield, Mo.  
(City or town) (County) (State)

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

9014

(Specify type of place) \_\_\_\_\_

While at work \_\_\_\_\_ (e) Means of injury Heart Attack

23. Signature B. R. Quinn Date signed 3/28/41  
Address 224 E. Olive

**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.....

*Walter E. Hamman*

Licensed Embalmer No. *3898*

P. O. Address *Springfield, 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.**