

No. 2  
-13-40  
-17-39  
X 23159

FILED APR 3 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12375

State File No. ....

Registration District No. EE9

Primary Registration District No. 1199

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Potosi Rural  
(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 10 years  
(Specify whether years, months or days)

In this community 10 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Potosi Mo. 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.? 1 years

3. (a) PRINT FULL NAME John Griffin

3. (b) If veteran, name war World

3. (c) Social Security No. \_\_\_\_\_

4. Sex male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Jan. 16 1891  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>5D</u>	<u>2</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Vandalia Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Nathan Griffin

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

14. Maiden name Sarah Anderson

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

16. (a) Informant Sarah A Griffin

(b) Address Mineral Point Mo.

17. (a) Burial (b) Date thereof 3/23/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big River Cem.

18. (a) Signature of funeral director J.B. Boyer & Son

(b) Address Potosi Mo.

19. (a) Mar 25 41 (b) G.F. Creswell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21  
year 1941 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb 10 - 1941  
To Mar 21 1941,  
that I last saw him alive on Mar 21, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to Apparently a physical breakdown of 15 year duration

Due to diabetes

Other conditions 13 (2)  
(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) \_\_\_\_\_

(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? \_\_\_\_\_

808  
While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature J. O. Dunsen (M. D. or other) \_\_\_\_\_  
Address Potosi Mo. Date signed 4-23-41

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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 \_\_\_\_\_  
*C. H. Boyd*

Licensed Embalmer No. *4158*

P. O. Address *To To Si W*

**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.**