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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 14875

FILED MAY 10 1941

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1504 East 3rd Street, (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 Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 1504 East 3rd Street, (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME Laura Null Griffin
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Griffin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 9, 1893 (Month) (Day) (Year)

8. AGE: Years 48 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Joplin, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Samuel D. Null
13. Birthplace (City, town, or county) Ohio (State or foreign country)
14. Maiden name Celia Burge
15. Birthplace Joplin, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Celia Barnes
(b) Address Joplin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem.
18. (a) Signature of funeral director Thornhill-Dillon Mort.
(b) Address Joplin, Missouri
19. (a) 4-16-41 (Date received local registrar) (b) Ed D Jenny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1941 hour 9:15 minute Am M.
21. I hereby certify that I attended the deceased from Apr 7, 1941, to Apr 15, 1941 that I last saw her alive on Apr 14, 1941; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Myocarditis, chr. | 1 year |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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 L Wallace (M. D. or other) O
Address Joplin Mo Date signed 4-16-41

(Licensed Embalmer's Statement on Reverse Side)

41-5-452

## 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.....Don Petrick

Licensed Embalmer No.....4008

P. O. Address.....Joplin, M

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

**If this body is not embalmed, fact should be so stated above.**