

FILLED MAY 5 1941

Registration District No. 1.47

Primary Registration District No. 5857

Registrar's No.

1. PLACE OF DEATH:

- (a) County Ozark
(b) City or town Cassfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1. R. H. Griffith
(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)

3. (a) PRINT FULL NAME

Leora Griffith

3. (b) If veteran, name war.

3. (c) Social Security No.

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. Sept 4 1925
(Month) (Day) (Year)

8. AGE: Years 15 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Ozark Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Leora Griffith
13. Birthplace Ozark Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Martha Griffith
15. Birthplace Ozark Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. W. A. Griffith

(b) Address West Plains Mo

17. (a) Buried (b) Date thereof Oct 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall Co Ark

18. (a) Signature of funeral director Robert A. Griffith

(b) Address West Plains Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Ozark
(c) City or town Cassfield
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 24
year 1941 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 1
1940 to Apr 24 1941
that I last saw him alive on 4-24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Leak of Heart

Due to
Due to

Other conditions
(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?

23. Signature W. A. Griffith (M. D. or other) MPT.
Address West Plains Mo Date signed 4-28-41

RECEIVED

District Health Officer No. 6,

District #11

Number 541-685

Date Filed

MAY 2 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15388

Registration District No. 647

Primary Registration District No. 5827

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Ozark
(b) City or town Bayou T.P.
(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
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Leon Griffin
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 15 Months 7 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

- MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

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

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address 4-30-1941
19. (a) 0 A Beach (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 24
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

- 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? _____

- While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. A. Griffin (M. D. or other) _____
Address Westland mo Date signed _____

SUPPLEMENTARY

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

ROWENT

S-15388