

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22513

State File No. _____

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME JESSE JAMES 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 Married
6. (b) Name of husband or wife Jennie Maud Griffin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 9 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Randolph County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Green Griffin
13. Birthplace Randolph County, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Leta
15. Birthplace Randolph County, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jennie Maud Griffin

(b) Address Clifton Hill, Mo

17. (a) Burial (b) Date thereof 6/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill, Mo

18. (a) Signature of funeral director Paul Patton

(b) Address Huntersville, Mo

19. (a) June 19-41 (b) Seal McLeans
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
year 1941 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 16, 1941 to June 17, 1941;
that I last saw him alive on June 17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 4 day

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? 925 (Specify type of place) (e) Means of injury _____

23. Signature Paul Patton (M. D. or other) _____

Address Moberly, Missouri Date signed 6/18/41

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

8
6
3

RECEIVED

District Health Officer No. 10

District File Number 7-41-1281

Date Filed JUL 16 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 Paul F. Patton

Licensed Embalmer No. 4095

P. O. Address Hunterville, 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.