

FILED AUG 11 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24756
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125-016
(b) Township _____ Primary Registration District No. 3009 Registered No. 291
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LAURA HARP GRIFFIN

(a) Residence, No. 44 N. HENDERSON St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. R. GRIFFIN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-3-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 8 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kantlaw Ky.

FATHER 13. NAME Henry S. Harp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Co. Ky.

MOTHER 15. MAIDEN NAME Sarah Jane Owen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston County, Kentucky

17. INFORMANT (ADDRESS) Miss Fattie Harp

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE AUG. 2, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) WALTHER'S UND Co. 260 N. MIDDLE

20. FILED 8-1-41 19. J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1941

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Carcinoma sigmoid
Perforation into bladder
Date of onset

Other contributory causes of importance: 468
Pylitis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. B. Schrad M. D.
Cape Girardeau Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38 I X16605

AUG 25 1944

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 J. W. Rister
Licensed Embalmer No. 3980
P. O. Address Cape Girardeau, 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, above space should be left blank.