

Registration District No. 612

Primary Registration District No. 4579

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Wentworth
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime (Specify whether
years, months or days) in WENTWORTH 27 years

3. (a) PRINT FULL NAME John Elwood Griffin

3. (b) If veteran, name war no 3. (c) Social Security No. 73-980

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 28 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Minister

11. Industry or business _____

12. Name Wm. Griffin
13. Birthplace West Virginia (City, town, or county) (State or foreign country)

14. Maiden name Hamilton
15. Birthplace West Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Bridges

(b) Address Diamond Mo.

17. (a) burial (b) Date thereof 10-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cem.

18. (a) Signature of funeral director Memorick

(b) Address Pierce City Mo.

19. (a) 10-2-41 (b) Grace Hudson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton
(c) City or town Wentworth
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1941 hour 9 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 5 1940
Oct. 1 19 41 to _____ 19 _____;
that I last saw him alive on Sept. 20 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 10 Min
Due to Chr. Myocarditis 2 Year

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 E. B. Knight (M. D. or other)
Address Pierce City, Mo. Date signed 10-2-41

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

RECEIVED

District Health Officer No. 6,

District File Number 1141-1716

Date Filed NOV 12 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.....

me

working under my personal supervision.

Registered Apprentice No.....

Signed

Victor O. Hummer

Licensed Embalmer No. 38122

P. O. Address Peace City, 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.