

FILED JAN 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41857

State File No.

Registration District No. 33A

Primary Registration District No. 4202

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Mt. Moriah
(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.
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Mt. Moriah
(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. HR

3. (a) PRINT FULL NAME Andrew Woosley Griffey

3. (b) If veteran, name war. none 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Katherine Griffey 6. (c) Age of husband or wife if alive. 83 years

7. Birth date of deceased. 2 (Month) 9 (Day) 1856 (Year)

8. AGE: Years 85 Months 9 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Hercer Co., No. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Gen. Farming

MOTHER FATHER { 12. Name James Griffey
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Rebecka Dyke
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Wolf

(b) Address Mill Grove No.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 17 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Cain Cem

18. (a) Signature of funeral director J M Chambers

(b) Address Mt. Moriah No.

19. (a) Dec 17 1941 (Date received local registrar) (b) Miss L. J. Sellers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15
year 1941 hour 4 minute 45 P M.

21. I hereby certify that I attended the deceased from Nov. 28 1941 to Dec 15 1941
that I last saw him alive on Dec 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cancer of Prostate

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? _____

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

23. Signature L. J. Sellers (M. D. or other) _____
Address Dec 16 1941 Mt. Moriah Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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. M. Chambers

Licensed Embalmer No.....

2109

P. O. Address.....

Mt Moriah W

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.