

FILED MAR 18 1942

Registration District No. _____

Primary Registration District No. 3007

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff, Rural 7
(If outside city or town limits, write "RURAL")
(d) Street No. Route #4 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carrie Griffin

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

4. Sex Female 5. Color or race C 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Thomas Griffin 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased UNKNOWN (Month) (Day) (Year) 1913

8. AGE: Years 29 Months ? Days ? If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Green
13. Birthplace Texas (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Thomas Green GRIFFIN

(b) Address Poplar Bluff, Route #4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-42 (Month) (Day) (Year)

(c) Place: burial or cremation County Farm

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Missouri

19. (a) 2-19-42 (Date received local registrar) (b) Belle Kimmel (Registrar's signature) To

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1942 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from 2/19/42 to 2-18-1942

that I last saw h or alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to Dilatation + Curvature Induced by Miscarriage

Due to _____
Other conditions Pregnancy (Include pregnancy within 3 months of death) 5mo

Major findings: Of operations Retained placental tissue Of autopsy 146c

Duration
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 Fred Biggs (M. D. or other) _____
Address Poplar Bluff, Mo Date signed 2-19-42

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

2
7
3

RECEIVED

District Health Office No. 2

District File Number 342-419

Date Filed 3-13-42

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.....

NOT EMBALMED

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.