

Registration District No. 653

Primary Registration District No. 2864

1. PLACE OF DEATH Funeral Home  
 (a) County Madison  
 (b) City or town Hayti, Mo.  
 (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 \_\_\_\_\_ (Specify whether)  
 In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Pemisco  
 (c) City or town Hayti Mo. Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME WILL GRIFFIN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Lillie Griffin  
 6. (c) Age of husband or wife if alive 48 years  
 7. Birth date of deceased Oct 14 1872  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>3</u>	_____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business Cotton gins

12. Name Will Griffin

13. Birthplace Tallahatchie (City, town, or county) Miss (State or foreign country)

14. Maiden name Lillie Jones

15. Birthplace Tallahatchie (City, town, or county) Miss (State or foreign country)

16. (a) Informant Lillie Griffin

(b) Address Hayti, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-42 (Month) (Day) (Year)

(c) Place: burial or cremation Hayti Mo

18. (a) Signature of funeral director Smith & Hill

(b) Address Hayti, Mo.

19. (a) 5-18-42 (Date received local registrar) (b) Mrs. A. J. Shirey (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 17  
 year 1942 hour 13 minute 25 P. M.

21. I hereby certify that I attended the deceased from May 8, 1942 to May 17, 1942  
 that I last saw him alive on May 17, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death volvulvency of stomach  
(not proven)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) H6

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 A. H. Shirey (M. D. or other) D

Address Hayti, Mo. Date signed 6-18-42

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

18  
00

119

6-42-15

**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.....

*Not embalmed*, Registered Apprentice No.....

working under my personal supervision.

Signed.....

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.**