

FILED JUN 11 1942

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

18686

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 6689
 (b) Township Smithton Primary Registration District No. 4401 Registered No. 186
 or
 (c) City (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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

Charles Harold Griffen
 (a) Residence, No. City 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lelia</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 12-77</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>5</u>
	DAYS <u>1</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired farmer</u>	
	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) <u>Copert Co Missouri</u>		
FATHER	13. NAME <u>George Griffen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
MOTHER	15. MAIDEN NAME <u>Mary Jane Harold</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT (ADDRESS) <u>Mrs Lelia Griffen Smithton MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smithton</u> DATE <u>May 15 1942</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>A. F. Newman Smithton MO</u>		
20. FILED <u>5-14</u> 19 <u>42</u> <u>Mrs Anna Berger</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19.....
 22. I HEREBY CERTIFY, That I attended deceased from 11-70-41 to 5-15-42
 I last saw him alive on 5-15-42 19..... Death is said to have occurred on the date stated above, at 2:30 P.
 The principal cause of death and related causes of importance were as follows:
Cerebral Arteriosclerosis Date of onset
 Other contributory causes of importance: 97
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No
 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 Yes
 (Signed) [Signature] M. D.
 (Address) Smithton MO

(Licensed Embalmer's Statement on Reverse Side)

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.

30-10-1 X14005

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-10-42

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 A. F. Neumeier
Licensed Embalmer No. 3912
P. O. Address Smithton 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.

Registration District No. 6689

Primary Registration District No. 4401

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Smithton
(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 _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Smithton
(If outside city or town limits, write "RURAL")

(d) Street No. Smithton mo
(If rural, give location)

(e) Citizen of foreign country? No (Yes of No)

If yes, name country _____

3. (a) PRINT FULL NAME Charles H. Grissen

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____ 19____
_____ 19____

that I last saw him _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased dec 12 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days _____ (If less than one day) min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director A F Neusmeyer

(b) Address Smithton mo

19. (a) 5-14-42 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

Duration _____

Due to _____

Due to _____

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 _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

