

FILED OCT 8 1942
Registration District No. **38**

Primary Registration District No. **2006-5120**

Registrar's No. **203**

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

1. PLACE OF DEATH: **Boone**

(a) County **Boone**

(b) City or town **Boone**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **43 Switzer St 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **about 20 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **EDGAR GRIFFIN**

3. (b) If veteran, name war **—**

3. (c) Social Security No. **—**

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

6. (b) Name of husband or wife **Daisy Guffey** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **9-10-1875**
(Month) (Day) (Year)

8. AGE: Years **67** Months **—** Days **5** If less than one day hr. min.

9. Birthplace **Rockport** **7 no. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **cook**

11. Industry or business **Restaurant**

12. Name **Unknown**

13. Birthplace **—** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown** **9**

15. Birthplace **—** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ashton Moss**
(b) Address **Columbia Missouri**

17. (a) **Burial** (b) Date thereof **9-18-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **balcony cemetery**

18. (a) Signature of funeral director **Studet P. Parker**
(b) Address **Columbia Missouri**

19. (a) **Sept 18-1942** (b) **E. Edna H. Barber**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone** **10**

(c) City or town **Columbia** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **3 Switzer St.** **4**
(If rural, give location)

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

If yes, name country **—** **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **14**
year **42** hour **12:30** minute **—** P. M.

21. I hereby certify that I attended the deceased from **9/9/42** to **9/14/42**
that I last saw him alive on **9/14/42**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **mitral insuff**

Due to **92 f**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **—**

Of autopsy **none**

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) years of injury **0**

23. Signature **J. P. Griffin** (M. D. or other) **9/19/42**
Address **500 Park** Date signed **9/19/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

EDWARD CARLIN

1872

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 *Stuart P. Parker*

Licensed Embalmer No. *2900*

P. O. Address *Columbia 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.