

FILED SEP 21 1942

Registration District No. 160

Primary Registration District No. 3030

Registrar's No. 66

50  
3  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Festus Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town Festus  
(If outside city or town limits, write "RURAL")  
(d) Street No. Adams St. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Letha Helen Griffin

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-03-3819

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 21 - 1896  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>7</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Assistant Shipping Clerk

11. Industry or business \_\_\_\_\_

12. Name M. Griffin

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

14. Maiden name Lilly Varnum

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

16. (a) Informant Floyd Griffin

(b) Address Festus Mo.

17. (a) Burial (b) Date thereof 8-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Presbyterian Ch.

18. (a) Signature of funeral director H. S. Jurgard

(b) Address Festus Mo.

19. (a) 8/18/42 (b) N. S. Coffey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1942 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 23 1941 to August 16 1942  
that I last saw her alive on August 16 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death abdominal carcinoma with omental mass. Primary probably from left ovary.

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

Due to 49a

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations abdominal adhesion, omental mass which proved to be carcinoma  
Of autopsy none

Duration

1 yr plus

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 John F. Rutledge (M. D. or other) M.D.  
Address Crystal City Date signed 8-17-42

Pl. 2-2-198

7-1

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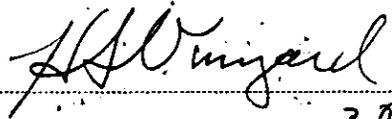
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**STATEMENT BY LICENSED EMBALMER**

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.

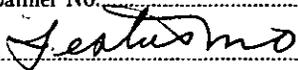
Signed.....



Licensed Embalmer No. ....

3010

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.**