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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33666

Registration District No. 116 — Primary Registration District No. 3020 — Registrar's No. 89

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

6
2

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution yes 1 hr. (Specify whether
In this community 11 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Washington 6
(If outside city or town limits, write "RURAL") 2
(d) Street No. Nierstein Dist
(If rural, give location)
(e) Citizen of foreign country? No (~~Yes~~ or No)
If yes, name country ✓ ✓ 0

3. (a) PRINT FULL NAME Joseph William Griffin, Jr.

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

4. Sex Male — 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 Feb. (Month) 12 (Day) 1938 (Year)

8. AGE: Years 11 — Months 8 — Days 2 — If less than one day ___ hr. ___ min.

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

10. Usual occupation Grammar School

11. Industry or business ✓ ✓ ✓

FATHER
12. Name Joseph V. Griffin
13. Birthplace Washington (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Rosalie Eckstein
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Joseph V. Griffin
(b) Address Washington, Missouri

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct. 17, 1942 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Washington, Mo.

18. (a) Signature of funeral director Nieburg & Vitt, Inc.
(b) Address Washington, Missouri

19. (a) Oct. 16, 1942 (Date received local registrar) (b) Lucille Ruether (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 1942 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from October 10, 1942, to October 14, 1942, that I last saw him alive on October 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia — Duration

Due to Emphysematous gangrene 6+ hours

Due to Fracture of right arm + depression of blood supply thereto ✓

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) ✓ 036 ✓
(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?
(Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature R. E. White (M.D. or other) D.O.
Address Washington, Mo. Date signed 10/15/42

1181

(Licensed Embalmer's Statement on Reverse Side)

11 yrs.

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~~ Me Lester H. Vitt, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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STANDARD CERTIFICATE OF DEATH

State File No. 33666

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 89

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hosp.
(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 (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Wm Griffin Jr.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex m
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 12 1933 (Month) (Day) (Year)

8. AGE: Years 11 Months 8 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) Mo
10. Usual occupation
11. Industry or business
MOTHER FATHER
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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 4 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia	
Due to Emphysema of lung, gangrene & T. hip.	
Due to Fracture of right arm & depression of blood supply	
Other conditions Ulcer of stomach (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy none

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) Accident
(b) Date of occurrence 10/9/42
(c) Where did injury occur? Washington (City or town) Franklin (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? no (Specify type of place) (e) Means of injury fall

23. Signature R. E. White (M.D. or other) M.D.
Address Washington, Mo Date signed 11/25/42

SUPPLEMENTARY

liw