

S. No. 2  
M-5-42  
5-17-39  
P1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19245  
State File No. \_\_\_\_\_  
Registrar's No. 24

MAY 24 1943  
Registration District No. 837

Primary Registration District No. 4499

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

1. PLACE OF DEATH:  
(a) County Shelby  
(b) City or town Shelbina  
(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 65 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1012  
(a) State Missouri (b) County Shelby  
(c) City or town Shelbina (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eva Ellen Griffin  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb - day 5<sup>th</sup>  
year 1943 hour 9 minute A.M.  
21. I hereby certify that I attended the deceased from Feb 5  
1943 to Feb 5 1943  
that I last saw him alive on Feb 5 1943 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clark Griffin 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased September 30th 1878  
(Month) (Day) (Year)

Duration  
Immediate cause of death Coronary Occlusion 2 hr  
Due to Hyper tension  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 940

8. AGE: Years Months Days If less than one day  
65 4 5 hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

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

MOTHER FATHER { 12. Name James Montgomery  
13. Birthplace Not known 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Dorthy E Studer  
(b) Address Shelbina Mo

17. (a) Burial (b) Date thereof 2/7/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Mo

18. (a) Signature of funeral director William Barkelou  
(b) Address Shelbina Mo

19. (a) April 6 1943 (b) Marge Good  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) (Means of injury)  
23. Signature J. L. Simpson (M. D. or other) Dr  
Address Shelbina Mo Date signed \_\_\_\_\_

Mar 10 1943

RECEIVED

District Health Officer No. 10

District File Number *5-430895*

Date Filed *MAY 21 1943*

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 *Henry A. Sackelaw*  
Licensed Embalmer No. *3835*  
P. O. Address *Shelburne 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.