

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34525**

X32873

Registration District No. **94** Primary Registration District No. **5344** Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Dade (North Maysville Township)**

(b) City or town **Aldrich R# 11 (Rural)**

(c) Name of hospital or institution **2 1/2 miles N.W. of Bona, Mo.**

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) **40 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dade**

(c) City or town **Aldrich Rural**

(d) Street No. **2 1/2 N.W. of Bona, Mo.**

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

If yes, name country _____

3. (a) PRINT FULL NAME **Rufus Leberry Griffin**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**, year **1943** hour **6:30** minute **PM**

21. I hereby certify that I attended the deceased from **Jan 1** 19**30** to **July 27** 19**43**

that I last saw him alive on **about May 1st** 19**43** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Griffin**

6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **May 16 1870**

Immediate cause of death **Chronic Dilated Heart**

Due to **Chronic myocarditis**

8. AGE:	Years	Months	Days	If less than one day
	73	2	11	_____ hr. _____ min.

Due to _____

Other conditions **Obtained diagnosis by physician**

9. Birthplace **Kansas**

Due to _____

10. Usual occupation _____

Major findings: **93d**

11. Industry or business _____

12. Name _____

13. Birthplace _____

14. Maiden name **Mary Griffin**

15. Birthplace **Kansas**

16. (a) Informant **Alvin Griffin**

(b) Address **Aldrich, Mo.**

Of operations _____

Of autopsy _____

17. (a) **Burial** (b) Date thereof **July 29, 1943**

(c) Place: burial or cremation **St. Marys Home Cemetery**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

18. (a) Signature of funeral director **William B. Arwen**

(b) Address **Dadeville, Mo.**

(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 _____

19. (a) **July 28 43** (b) **Ryle Fishy**

23. Signature **B. B. Kirby** (M. D. or other) _____

Address **Dadeville** Date signed **July 31 43**

RECEIVED

District Health Officer No. 6;

District File Number 1143-1205

Date Filed NOV 10 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

Richard P. Carwin

Licensed Embalmer No.

3093

P. O. Address

Baltimore Md.

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.