S. No. 2
M—5-42
5-17-39
I X32873

38953

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1943

State File No.

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 208

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Woodland Hospital
(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 Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 9½ E. 10th St.
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Eckel F. Griffon

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or Race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Sept (Month) 16th (Day) 1890 (Year)

8. AGE: Years 53 | Months — | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Tenn / (State or foreign country)

10. Usual occupation Self Salesman

11. Industry or business .....

FATHER
12. Name John Griffon
13. Birthplace ..... (City, town, or county) Tenn / (State or foreign country)

MOTHER
14. Maiden name Sidney Leonard
15. Birthplace ..... (City, town, or county) Tenn / (State or foreign country)

16. (a) Informant Mrs Sidney Denton

(b) Address Richmond Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 10th (Day) 43 (Year)

(c) Place: burial or cremation Richmond Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) 10-14-43 (Date received local registrar) (b) Irma Lane (Registrar's signature)

1086

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1943 hour 2:53 minute A. M.

21. I hereby certify that I attended the deceased from ~~Oct~~ Sept. 8, 1943, to Oct. 13, 1943;
that I last saw him alive on Oct. 12, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Embolus

Due to Compression fracture body 11th thoracic vertebra

Due to Bus accident

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy Cornorer, Dr. H. C. Griffiths, Moberly was notified

Duration

8

17 OC

22

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 069

(b) Date of occurrence Sept. 8, 1943

(c) Where did injury occur? Monroe county, Mo. between Paris & Mexico
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway. Patient riding in bus.
(Specify type of place)

While at work? No (e) Means of injury Bus accident

23. Signature R. D. Streeter (M. D. or other) M.D.

Address Moberly, Mo. Date signed Oct 13/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-43-1872
Date Filed NOV 16 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 Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.