V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24567

Registration District No. 109 Primary Registration District No. 5424 Registrar's No. 14

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

500

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell R. 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Union Near Home Surg.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 18 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Campbell R. 3 35
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME Oliver Travis Griffin

3. (b) If veteran, name war —
3. (c) Social Security No. — —

4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Child 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased February (Month) 7 (Day) 1940 (Year)

8. AGE: Years 4 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Osceola (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name O. K. Griffin
13. Birthplace Hornersville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Grogan
15. Birthplace Senath (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. O. K. Griffin
(b) Address Campbell, Mo R. 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation McGrew
18. (a) Signature of funeral director Landers & Son
(b) Address Campbell Missouri
19. (a) 6-12-44 (Date received local registrar) (b) Mrs. L. P. Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1944 hour 9 m minute a M.

21. I hereby certify that I attended the deceased from June 11th, 1944, to ____, 19__;
that I last saw h____ alive on —, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Drowning

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

183 3 1 36

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 035
(b) Date of occurrence June 11th 1944
(c) Where did injury occur? Union Twp. (City or town) Dunklin (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Borrow pit near levee
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Wallace Belsey (M. D. or other) MD
Address Campbell Mo Date signed 6/12/44

1150

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 744-1010
Date Filed 2-20-44

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 Cristina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.