

FILED SEP 12 1944

State File No. _____

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Phelps
 (b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
McFarland
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one week
(Specify whether)
 In this community one week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
 (c) City or town Salem
(If outside city or town limits, write "RURAL")
 (d) Street No. X
(If rural, give location)
 (e) Citizen of foreign country? X (Yes or No)
 If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
 year 1944 hour 9 minute 15 A. M.
 21. I hereby certify that I attended the deceased from
July 24, 1944 to July 31, 1944;
 that I last saw him alive on July 31, 1944;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Sanguine Duration _____

3. (a) PRINT FULL NAME Robert Theador Griffin

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

4. Sex male 5. Color or race W 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 50 years
 7. Birth date of deceased Jan 20 1905
(Month) (Day) (Year)

8. AGE: Years 39 Months 6 Days 11 If less than one day
hr. min.

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

10. Usual occupation laborer

11. Industry or business X

MOTHER FATHER { 12. Name Ross Griffin
 13. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)
 14. Maiden name May VanHoy
 15. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Griffin
 (b) Address Salem Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/44
(Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cem
 18. (c) Signature of funeral director John Walker
(City, town, or county)
 (b) Address _____
 19. (a) 8/2/1944 (b) John Walker
(Date received local registrar) (Registrar's signature)

Due to Strangulated hernia

Due to _____

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) _____
 (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) (c) Means of injury _____

23. Signature Blaney Torland (M. D. or other) _____
 Address Rolla, Mo. Date signed 8/2/44

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

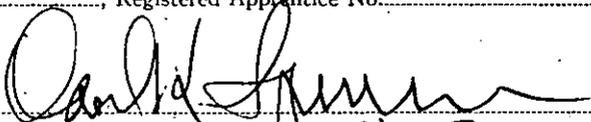
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STATEMENT BY LICENSED EMBALMER

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: 

Licensed Embalmer No. 28320

P. O. Address Salem, 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.