

S. No. 2  
DM-2-43  
v. 5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 12 1945**  
Registration District No. 324

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10738

Primary Registration District No. 692

Registrar's No. 51

1. PLACE OF DEATH:  
(a) County Saline  
(b) City or town Marshall Route # 3  
(c) Name of hospital or institution: Marshall Hwy  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution All his life  
In this community All his life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Saline 97  
(c) City or town Marshall Route # 3. 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William A. Griffin  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 15, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation Farmer Griffin

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

MOTHER FATHER } 12. Name James M. Griffin

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Eveline Foster

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant J. B. Foster

(b) Address Marshall, Mo. Route # 3.

17. (a) Burial (b) Date thereof April 2, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Comp Lee-Bain  
(b) Address Marshall, Mo.

19. (a) 4-4-1945 (b) Not Overstok  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March 30<sup>th</sup> day  
year 1945 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from Mar 30, 1945, to Mar 30, 1945  
that I last saw him alive on Mar 30, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Arthritis  
Due to Juplin 20 yrs  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 59.6  
Of autopsy 2  
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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Marshall, Mo Date signed 4/4/45

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

7  
0  
0

1215

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

4/10/45

APR 20 1945

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

*R. W. Campbell Jr.*

Licensed Embalmer No. 3469

P. O. Address. Marshall 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.