

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28099**

Registration District No. **293**

Primary Registration District No. **441**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Clifton Hill**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **since 1906**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**
(c) City or town **Clifton Hill**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**
year **1946** hour **3:00 P.M.** minute _____ M.
21. I hereby certify that I attended the deceased from **JULY 26**
2 _____, 19**46**, to **JULY 27**, 19**46**;
that I last saw **H.M.** alive on **JULY 27**, 19**46**;
and that death occurred on the date and hour stated above.

Immediate cause of death
URINARY RETENTION **3 days**

Due to **Prostatic hypertrophy**

Due to _____
Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
1370

Duration
3 days
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?
(Specify type of place) _____
While at work? _____ (e) Means of injury **2**
23. Signature **A. Noel Rains** (M. D. or other) **D.O.**
Address **Clifton Hill, Mo** Date signed **7-28-46**

3. (a) PRINT FULL NAME **James Green Griffin**

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 **widowed**

6. (b) Name of husband or wife **Dathalia Lyle Griffin** 6. (c) Age of husband or wife if alive **27** years

7. Birth date of deceased **July 27 1856**
(Month), (Day) (Year)

8. AGE: Years **90** Months **0** Days **0** If less than one day _____ hr. _____ min.

9. Birthplace **Randolph County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired implement dealer**

11. Industry or business _____

12. Name **Jessie Griffin**

13. Birthplace **Randolph County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Adeline McDavid**

15. Birthplace **Randolph County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ora D. Blake**

(b) Address **Clifton Hill, Missouri**

17. (a) **burial** (b) Date thereof **7/29/1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clifton Hill, Missouri**

18. (a) Signature of funeral director **Tom B. Patton**

(b) Address **Huntsville, Mo**

19. (a) **Aug-1-1946** (b) **Mrs. D. A. Barnhart**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

AUG-13 1946

RECEIVED
District Health Officer No. 19
District File Number 8-46-1560
Date Filed AUG-14 1946

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 Tom B Patton
Licensed Embalmer No. 3914
P. O. Address Huntsville 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.