

FILED JUL 31 1947
Vital Statistics

Registration District No. **170**

Primary Registration District No. **3033**

1. PLACE OF DEATH:

(a) County **Laclede**
(b) City or town **Lebanon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Wallace Memorial O**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 hrs**
In this community **3 hrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Lloyd Eugene Griffin**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20**
year **1947** hour **7** minute **0** P. M.

21. I hereby certify that I attended the deceased from **July 20**
4:00 P.M. to **July 20 1947**
that I last saw him alive on **July 20**
and that death occurred on the date and hour stated above.
Immediate cause of death **Shall signature**
E sub - divided
Duration **3 hrs**

4. Sex **MC** 5. Color or race **W** 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 23 1946**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **27** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Hancel Griffin**

13. Birthplace **Laclede Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Rosella Ruble**

15. Birthplace **Laclede Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hancel Griffin**

(b) Address **Orea Mo.**

17. (a) **Burial** (b) Date thereof **7-22-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **White Oak Pond**

18. (a) Signature of funeral director **W.E. Holman**

(b) Address **Lebanon Mo.**

19. (a) **7-26-1947** (b) **Ora Frankelinger**
(Date received local registrar) (Registrar's signature)

Due to **Explosion of beam being**
carried in oven.

Due to _____

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

Major findings: Of operations **not done**

Of autopsy **NOT done**

PHYSICIAN

Underline the cause of 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**

(b) Date of occurrence **July 20, 1947**

(c) Where did injury occur? **Orea, Laclede Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**
(Specify type of place)

Where at work? **play** (e) Means of injury **explosion**

23. Signature **W. L. D.**

Address **Lebanon, Mo.** Date signed **7/22/47**

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

MOTHER FATHER

Received 7/30/47
Laclede County Health Unit
File No. 7-47-126
Date Filed 7/30/47

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.