

FILED OCT 6 1947

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **794**

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs.
(Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 535 W. Chestnut
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Larry Edward Griffin

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 9 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>6 hr. 50 min.</u>

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

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER { 12. Name Charles E. Griffin

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

14. Maiden name Hazel Jean Cherry

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

16. (a) Informant Charles E. Griffin

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 9/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Greenlawn Funeral Home

(b) Address 525 S. National

19. (a) 9-15-47 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9th
year 1947 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from Sept 9
1947 to Sept 9 1947
that I last saw him alive on Sept 9
and that death occurred on the date and hour stated above. 1947

Immediate cause of death Stelestasis Duration

Due to Prematurity

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 W. E. Handley MD (M. D. or other)

Address 410 W. Woodruff Bldg Date signed 9-15-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.