

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42608

State File No. _____

FILED JAN 5 1948

Registration District No. 274

Primary Registration District No. 4408

Registrar's No. 417

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Smithton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
East Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years years, months or days)

3. (a) PRINT FULL NAME William H. 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, married
6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Nov 26 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 3 _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
12. Name George Griffin
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Harrold
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Griffin
(b) Address Smithton, Mo.

17. (a) Burial (b) Date thereof 12-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Smithton, Mo.

18. (a) Signature of funeral director H. F. Neumeier
(b) Address Smithton, Mo.

19. (a) 12-1-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Smithton
(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 11 day 29
year 1947 hour 3:50 minute _____ a. M.

21. I hereby certify that I attended the deceased from July 1
1947 to Nov 29 1947;
that I last saw him alive on Nov 28 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate Gland

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
518

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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 work) _____ (Specify means of injury)
23. Signature [Signature] (M. D. or other)
Address Smithton, Mo. Date signed 12/1/47

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-2-48

SEP 18 1948

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 A. F. Nemeyer
Licensed Embalmer No. 3912
P. O. Address Smithton 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.