

No. 300
1-10-47
5-17-39
I 3906

FILED JUN 3 1948
Registration District No. 293

Primary Registration District No. 4441

Registrar's No. 20

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

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: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Willard Ware 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 Kittie Griffin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 4 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 41 19 hr. min.

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

10. Usual occupation painter

11. Industry or business _____

MOTHER FATHER

12. Name James Green Griffin

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

14. Maiden name Dathulia Lyle

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

16. (a) Informant Mrs. Bernard Voges

(b) Address Columbia, Missouri

17. (a) burial (b) Date thereof 5/25/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

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

(b) Address Huntsville, Mo

19. (a) 6-29-1948 (b) Wm. D. Barnhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 114 S. Edgewood
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1948 hour 7:25 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 18 to May 23 1948
that I last saw him alive on May 23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Ch Myocarditis with Ac Cordis collapse
Duration 1 da

Due to _____
Due to _____

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

Major findings: Of operations 93D
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) (e) Means of injury _____

23. Signature H. Griffin (M. D. or other)
Address Mo Date signed 5/24/48

RECEIVED

District Health Officer No: 10

File Number 6-48-278

Date Filed JUN 2 - 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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, TN

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.