

APR 23 1940

Registration District No. 776

Primary Registration District No. 5948

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Pulaski
 (b) City or town Crocker--(Rural) TAVERN #1
 (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 2
 In this community 15 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nora Robinson Griffin. 615

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

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

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

7. Birth date of deceased March 5 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 0 15 hr. min.

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

10. Usual occupation House wife

11. Industry or business At home

12. Name John Perry Malone
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Isabel Jane Lamar
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward Robinson.
 (b) Address 1204 Cleveland Ave.

17. (a) Burial (b) Date thereof 3/28/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Crocker Cem.

18. (a) Signature of funeral director J. L. HOOPS & SONS.
 (b) Address Crocker, Mo.

19. (a) 3/26/40 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd
 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Organic Heart Failure in disease
 Duration _____

Due to _____
 Due to _____

Other conditions 9512
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy none
 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?
647

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. of doctor)
 Address Rickland mo Date signed 3/29/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.

RECEIVED

District Health Officer No. 5,

District File Number 440 422

Date Filed 4-11-20

Signed

Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Crocker, 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, above space should be left blank.