

No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27910

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 170

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME EMMA GRIFFIN 615
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife PATRICK H. GRIFFIN 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May 24 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Butler Co., Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Alfred Kennedy
13. Birthplace Minnesota (City, town, or county) (State or foreign country)
14. Maiden name McBay
15. Birthplace Minnesota (City, town, or county) (State or foreign country)

16. (a) Informant Mrs E. M. Sulterlin
(b) Address Star Route - Van Buren Mo.

17. (a) Removal (b) Date thereof 8-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastwood, Mo.

18. (a) Signature of funeral director Coy Leuchel

(b) Address Van Buren Mo.

19. (a) 8/10/40 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Carter
(c) City or town Van Buren - 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 8 day 10
year 40 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from 7-17-40
1940, to 8-10, 1940
that I last saw her alive on 8-10-, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Biliary obstruction
Due to Cholecystitis & Cholelithiasis
Due to Hepatic insufficiency
Other conditions Laparotomy 8-9-40
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Cholelithiasis
Of operations _____
Of autopsy 176
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? 74
(Specify type of place) (e) Means of injury _____

23. Signature E E Royer (M. D. or other) M.D.
Address Ellis Fischel Hosp Columbia Mo. Date signed 8-10-40

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

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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, above space should be left blank.