DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32465

Registration District No. [illegible] Primary Registration District No. 5 66 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Linn

(b) ~~City or town~~ ~~Linneus~~ (Rural) Clay Twp.
(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 (Specify whether
In this community 70 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Linneus (Rural) Clay Twp.
(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.

3. (a) PRINT FULL NAME Seth M. Griffeth

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~~ Mary Griffeth

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased October (Month) 19 (Day) 1861 (Year)

8. AGE: Years 78 Months 11 Days 4 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Westley Griffeth
13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Willsey
15. Birthplace Knox County (City, town, or county) New York (State or foreign country)

16. (a) Informant's own signature Arthur Griffeth
(b) Address Purdin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 24, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Magnolia Cemetery

18. (a) Signature of funeral director Thorne Undertaking Co.
(b) Address Linneus, Mo.

19. (a) 9-27-40 (Date received local registrar) (b) Geo H Clarkson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23 rd year 1940 hour 6:00 A.M. minute M.

21. I hereby certify that I attended the deceased from August 7, 1940 to Sep 23, 1940 that I last saw him alive on Sep. 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Prostatic Hypertrophy	
Due to	
Other conditions (Include pregnancy within 3 months of death) 137	

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? (Specify type of place)
While at work (e) Means of injury 3

23. Signature Gilbert H. Ling (M. D. or other) DO
Address Purdin, Missouri Date signed 9/24

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 Donn A. Taylor

Licensed Embalmer No. 3761

P. O. Address Linneus, 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.