

NOV 15 1940
213

State File No. _____

Registration District No. _____

Primary Registration District No. 3014

Registrar's No. 267

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
401 Madison Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 33 years
years, months or days

3. (a) PRINT FULL NAME J. Edward Griffin

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mary Elizabeth Griffin 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 6th 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 10 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Chas R. Griffin

13. Birthplace Va
(City, town, or county) (State or foreign country)

14. Maiden name Susan Stokes

15. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.A. Dorsey

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Oct 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director J. H. Gordon

(b) Address Jefferson City, Mo

19. (a) 10/18/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 401 Madison Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6-23 1939 to 10-16 1940
that I last saw him alive on 10-16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
1 day

Due to Arteriosclerosis
Chronic Endocarditis

Due to Chronic Parenchymatous nephritis

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations _____ Of autopsy _____

Duration
1 day
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 _____

23. Signature [Signature] (M. D. or other) _____
Address Jefferson City, Mo Date signed 10-19-40

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

MOTHER FATHER

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

Joseph Gordon

Licensed Embalmer No. *1986*

P. O. Address *Jefferson City, 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.

Registration District No. 203

Primary Registration District No. 3014

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

James Edward Griffin

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct day 16
year 1980 hour _____ minute _____ M.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced m

6: (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year _____

Immediate cause of death _____

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 68 Months 6 Days 10 If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10/19/81 (b) D. B. ... (Date received local registrar) (Registrar's signature)

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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? _____

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

23. Signature F. W. Gillham (M. D. or other) _____

Address Jefferson City Date signed _____

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

MOTHER FATHER

SUPPLEMENTAL

