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WILED JUL 7 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21925**

Registration District No. **417**

Primary Registration District No. **5561.D.**

Registrar's No. **51**

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural Joplin Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1 mile north of Carterville  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **49**

(c) City or town Rural; JOPLIN TOWNSHIP  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. 1 mile North of Carterville  
(If rural, give location) **0**

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. Mary Elizabeth Griffin

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race W.

6. (a) ~~Single, widowed, married.~~ Married

6. (b) Name of husband or wife T. F. Griffin

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October 25 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name William Daniel

13. Birthplace no data Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Mullin

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

16. (a) Informant Hus. I. F. GRIFFIN.

(b) Address R.R. #1 Box 296 Joplin, Mo

17. (a) Burial (b) Date thereof 6/9/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Wedge Nelson

(b) Address Webb City, Missouri

19. (a) JUNE 9. 41 (b) M. E. Pritchett M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th  
year 1941 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 6-7-41 to 6-7-41  
that I last saw alive on 6-7-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Hypertension  
Diabetes

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 30m

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? 377

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

23. Signature M. E. Pritchett (M. D. or other) MD

Address Webb City Mo Date signed 6-9-41

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

MOTHER FATHER

41-7-579

**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.....  
**The body was not embalmed**....., 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, fact should be so stated above.**