No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25436

State File No.

Registration District No. 470 Primary Registration District No. 5633 Registrar's No. 104

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 92 days (Specify whether years, months or days)
In this community 92 days 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town El Dorado Springs
(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 Donald Earl Griffin

3. (b) If veteran, name war No

3. (c) Social Security No. 500-05-4490

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Ellen Cassidy

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased August (Month) 8th (Day) 1910 (Year)

8. AGE: Years 30 Months 10 Days 22 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Drug Store

FATHER
12. Name William Fields Griffin
13. Birthplace Eldorado Springs (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lucy Isabelle Messick
15. Birthplace Warren County (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Missouri State Sanatorium

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery El Dorado Springs, Mo

18. (a) Signature of funeral director Nafus Funeral Home
(b) Address El Dorado Springs, Mo

19. (a) 7-1-1941 (Date received local registrar) (b) P.A. Holmes (Registrar's signature)

421

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1941 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from April 1st 1941 to July 1st 1941 that I last saw him alive on June 30th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration About 6 years

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

23. Signature L L Coffman (M. D. or other) MD
Address Vernon Mo Date signed 7-1-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 841-1327
Date Filed AUG 7 1941

JAN 24 1942

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.