

FILED SEP 12 1941

Registration District No. 6020-a

Primary Registration District No. 6020-a

Registrar's No. 53

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bonne Terre Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
In this community all but 7 years of life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Jefferson Griffin
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex male
5. Color or race W
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Anna Moore Griffin
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Jan 25 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 12
If less than one day hr. min.

9. Birthplace St. Francois Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation agriculture

11. Industry or business
12. Name Andrew Griffin
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Lavina Mayo
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frank C. Kallmeyer
(b) Address Farmington Mo.

17. (a) Burial (b) Date thereof Aug 4 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.P.P. Farmington Mo.

18. (a) Signature of funeral director Farmington Mo. I feel CO
(b) Address Farmington Mo.

19. (a) Aug 9 1941 (b) 678
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County ST. FRANCOIS
(c) City or town FARMINGTON
(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. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 7th
year 1941 hour 6 minute 30 A M.
21. I hereby certify that I attended the deceased from August 7 1941 to August 7 1941
that I last saw him alive on August 7 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Burns
verified: We the jury after hearing the evidence find the deceased came to his death by Burns ignited by his own hand
Due to hand

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 1648
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence August 7 1941
(c) Where did injury occur? Farmington St. Francois Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? no (Specify type of place) (a) Means of injury Burns

23. Signature Clarence Clagwell (Mr., Dr., or other)
Address Bonne Terre Mo. Date signed 8/7/41

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

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.....

C.H. Cozear....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
C.H. Cozear

Licensed Embalmer No..... *4084*

P. O. Address..... *Farmington, 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.

Registration District No. 775

Primary Registration District No. 60204

Registrar's No. _____

1. PLACE OF DEATH: St Francois
 (a) County.....
 (b) City or town..... Bonne Terre
 (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 Wm G. Griffin
 3. (b) If veteran, name war..... (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month aug day 24 year 1941 hour..... minute..... M.
 21. I hereby certify that I examined the deceased from..... 19.....
 that I have seen him/her alive on..... 19.....
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

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

8. AGE: Years 78 Months 6 Days 10 If less than one day..... min.

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

10. Usual occupation.....
 11. Industry or business.....

MOTHER FATHER
 { 12. Name.....
 { 13. Birthplace..... (City, town, or county) (State or foreign country)
 { 14. Maiden name.....
 { 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) (Place: burial or cremation)

18. (a) Signature of funeral director.....
 (b) Address.....

19. (a) Oct. 24, 1941 (b) N. W. Hawk
 (Date received by registrar) (Registrar's signature)

Due to.....
 Due to.....
 Other conditions..... (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

Duration

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..... (M. D. or other)
 Address..... Date signed.....

SUPPLEMENTARY

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

Bonne Terre

