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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31813

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin Ward
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(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 12 hours.

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Ottawa
(c) City or town Wyandotte (Rural)
(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 Robert Griffin
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 Edna
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 22nd (Day) 1873 (Year)

8. AGE: Years 68 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Marshall, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name James Griffin
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary A. Morgan
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant X Pearl Griffin
(b) Address Seneca R7B #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Seneca Cem.
18. (a) Signature of funeral director [illegible]
(b) Address Seneca Mo.
19. (a) 9-29-41 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 21 day year 1941 hour 5;45 minute A. M.

21. I hereby certify that I attended the deceased from Sept 16 1941, to Sept 21 1941; that I last saw him alive on " 20 1941 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cancer of the Colon
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations none
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 None

23. Signature W. C. Barnard (M. D. ~~or other~~)
Address Seneca Date signed 9-26-41

(Licensed Embalmer's Statement on Reverse Side)

41-10-852-

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 Carly Thompson

Licensed Embalmer No. 3259

P.O. Address Neosho Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
-8-21-41
N29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31813

Registration District No. 4111 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(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 Robert Griffin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Edna

6. (c) Age of husband or wife if [redacted] years

7. Birth date of deceased July 22 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 29 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director E. C. Chase
(b) Address

19. (a) 9-29-41 (Date received local registrar) (b) Ed D Jayne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1941 hour 11 minute M.

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.

	Duration
Immediate cause of death	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-31813 1941