

DEC 18 1941

328

3017

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH: *Grundy*
(a) County *Grundy*
(b) City or town *Trenton Mo*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution *2818 Maple 1*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *all life*
(Specify whether years, months or days)

3. (a) PRINT FULL NAME *Claud. E. Griffin*

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

4. Sex *m* 5. Color or race *w* 6. (a) Single, widowed, married, divorced *married*

6. (b) Name of husband or wife *Rosa Nancy Griffin* 6. (c) Age of husband or wife if alive *62* years

7. Birth date of deceased *March 31 1878*
(Month) (Day) (Year)

8. AGE: Years *63* Months *5* Days *7* If less than one day hr. min.

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

10. Usual occupation *farmer*

11. Industry or business _____

12. Name *William Griffin*

13. Birthplace *WV 1*
(City, town, or county) (State or foreign country)

14. Maiden name *Mary Beemal*

15. Birthplace *Ind 1*
(City, town, or county) (State or foreign country)

16. (a) Informant *Mrs Walter Spence*

(b) Address *Trenton MO*

17. (a) *Beemal* (b) Date thereof *Nov 9-41*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *wilderness*

18. (a) Signature of funeral director *[Signature]*

(b) Address *Trenton*

19. (a) *11-9-41* (b) *Frene A. Fair*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State *MO* (b) County *Grundy*
(c) City or town *Trenton MO*
(If outside city or town limits, write "RURAL")
(d) Street No. *2818 Maple 1/2*
(If rural, give location) *0*
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov* day *7* year *1941* hour *8* minute *AM*

21. I hereby certify that I attended the deceased from *July*, 19*41*, to *Nov 7*, 19*41*; that I last saw him alive on *Nov 6*, 19*41*; and that death occurred on the date and hour stated above.

Immediate cause of death *Acute Nephritis & Tuberculosis*

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 *0*

23. Signature *[Signature]* (M. D. or other) _____
Address *Trenton* Date signed *11/7/41*

Duration *5 min*
known

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

....., 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38377

Registration District No. 328

Primary Registration District No. 3017

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trenton
(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 Claud C. Yuffin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 31, 1874
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 7 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 _____

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) _____ (b) _____ (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day _____ year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; _____ 19____;

that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Acute nephritis (possibly tuberculous caused)

Due to Lungs were affected.

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

Major findings: Of operations _____

Of autopsy _____

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 E. J. Yuffin (M. D. or other)

Address Trenton Date signed _____

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

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

