

FILED FEB 18 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin Mo.
(c) Name of hospital or institution:
21st & Ohio
(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 Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 21st & Ohio
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 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 W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 30 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	hr. <u>50</u> min.

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

10. Usual occupation None

11. Industry or business None

12. Name John Griffin

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

14. Maiden name Dovey McConnell

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

16. (a) Informant John Griffin
(b) Address 21st & Ohio

17. (a) Burial (b) Date thereof 2/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Saginaw Cemetery Hurlbut Und. Co.

18. (a) Signature of funeral director _____
(b) Address Joplin, Mo.
19. (a) 1-31-42 (b) Ed S. James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 30
year 1942 hour 5 minute 15 a.m.

21. I hereby certify that I attended the deceased from Jan 30
Joplin, 1942, to Jan 30, 1942,
that I last saw him alive on Jan 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Myocardial Infarction
Due to myocardial infarction
Due to myocardial infarction

Other conditions (Include pregnancy within 3 months of death)

Major findings: 159
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 2/2/42
(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 2

23. Signature Ed S. James (M. D. or other) MD
Address Joplin Mo Date signed 1-31-42

Duration

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:.....

not

....., 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.