

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27878  
Registrar's No. 36

SEP 11 1943

Registration District No. 50

Primary Registration District No. 5179

1. PLACE OF DEATH:

(a) County Camden  
(b) City or town Camdenton Rural  
(c) Name of hospital or institution: Home 1 farm of ...  
(d) Length of stay: In hospital or institution  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden's  
(c) City or town Camdenton Rural  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Thomas Monroe Griffith

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male

5. Color or race wh

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 Aug (Month)

15 (Day) 1882 (Year)

8. AGE:

Years 60 Months 11 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Camden Co

(City, town, or county) (State or foreign country) mo

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name James Riley Griffith

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

14. Maiden name Elizabeth Leap

15. Birthplace Osage Co (City, town, or county) (State or foreign country) mo

16. (a) Informant Brody Griffith

(b) Address Linn Creek mo

17. (a) Burial (b) Date thereof 8/10/43 (Month) (Day) (Year)

(c) Place: burial or cremation New Home

18. (a) Signature of funeral director Bankson Woolery

(b) Address Camdenton, mo

19. (a) Aug 30-43 (Date received local registrar) (b) Edith Nelson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year 1943 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Feb 1943 to Aug 8 1943 that I last saw him alive on Aug 8 1943 and that death occurred on the date and hour stated above.

Immediate cause of death

Diabetes Mellitus  
Q. Brown 1943

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: none (Include pregnancy within 3 months of death)

Major findings: none

Of operations: none

Of autopsy: none

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 E. C. Claborn M.D. Date signed 8-30-43

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

500

1337

RECEIVED

District Health Officer No. 7,

District File Number 8-43-929

Date 9-10-43

**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

*Abbie Woolery*

Licensed Embalmer No. 12488

P. O. Address Camden New Md

**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.**