S. No. 2
M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3473

Registration District No. 195 Primary Registration District No. 5714 Registrar's No. 2

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Pineville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None Pineville Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community None
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 60

(c) City or town Pineville 05
(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 Lydia Catherine Griffin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife T. H. Griffin

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Feb (Month) 16 (Day) 1880 (Year)

8. AGE: Years 63 Months 9 Days 19 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business Same

FATHER
12. Name M. F. Joiner
13. Birthplace Not Known (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Charlotte
15. Birthplace Not Known (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Mrs Marvin E. Coiner
(b) Address Carthage, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Joplin, MO

18. (a) Signature of funeral director R. M. Humphrey
(b) Address Pineville, MO

19. (a) Dec 10 - 1943 (Date received local registrar) (b) Ina Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1943 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov. 25, 1943, to Dec 5, 1943; that I last saw her alive on Dec 4, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Degeneration — Duration 8 days

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

93

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 R. P. Robertson (M.D. or other)

Address Pineville, MO Date signed 12-5-43

1205

(Licensed Embalmer's Statement on Reverse Side)

45480

RECEIVED
District Health Officer No. 6
District File Number 244-141
Date Filed FEB 13 1944

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 Wayne E. Humphrey

Licensed Embalmer No. 4261

P. O. Address Princeville, 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, fact should be so stated above.