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FILED JAN 27 1947  
2723

Registration District No. 2723

Primary Registration District No. 5795

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Moniteau Co

(b) City or town Rural Pilot 9 route

(c) Name of hospital or institution: Latham, Mo. Star Rt. /  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life- (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Latham, Mo. Star Rt.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Aubrey Griffin

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
year 1946 hour 4/40 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 12-1-46  
to 12-20-46 1946  
that I last saw him alive on 12-20-46 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Amanda Griffin

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 26 1885  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis Chr

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>8</u>	<u>25</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

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

12. Name Thomas J. Griffin

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

14. Maiden name Eliza J. Bond

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

16. (a) Informant Wayne W Griffin

(b) Address Latham Mo

17. (a) Burial (b) Date thereof Dec. 23, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Land Cemt

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo

19. (a) Dec. 26-46 (b) W. H. Bond  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

13B

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 \_\_\_\_\_

21. Signature W. H. Bond (M. D. or other) \_\_\_\_\_  
Address Latham Mo Date signed 12-23-46

Physician

Underline the cause to which death should be charged statistically.

201

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 ME

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California, M

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.