

S. No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24458

Registration District No. 176

Primary Registration District No. 3026

Registrar's No. 218

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Indep. Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Lexington 0
(If outside city or town limits, write "RURAL") e
(d) Street No. RT # 1
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Melvin Griffin
3. (b) If veteran, name war War # 11
3. (c) Social Security No. 49474-5078

20. DATE OF DEATH: Month July day 5th
year 1947 hour _____ minute A.M.

MEDICAL CERTIFICATION

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Janna Lee Griffin
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Oct 31 1922
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 24 Months 8 Days 4
If less than one day hr. _____ min. _____

Immediate cause of death Shock inoc
Skull Fracture 22
Due to Auto Trauma

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: Deputy Coroner
Of operations _____
Of autopsy Photory & Inspection

10. Usual occupation Construction Worker

11. Industry or business _____

12. Name Le Roy Griffin

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

14. Maiden name Grace Payne

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

16. (a) Informant Mrs. Beaton Davis

(b) Address Lexington, Mo.

17. (a) Removal (b) Date thereof July 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Dillon L. Rappley

(b) Address Indep. Mo.

19. (a) 7-7-47 (b) _____
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____
Underline the cause to which death should be attributed statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 7-5-47
(c) Where did injury occur? Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
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23. Signature A. E. Upsher (M. D. or other) MD
While at work? No (Specify type of place) (e) Means of injury Trauma
Address 2800 Main Date signed 7/6/47

(Licensed Embalmer's Statement on Reverse Side) coll. with when m. vehicle

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

MOTHER FATHER

OCT 8 1947

SEP 7 1947

MAY 5 1950

SEP 7 1947

AUG 13 1947

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 Dixon L. Kelly

Licensed Embalmer No. 4225

P. O. Address Indy. 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.