

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Dexter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Dexter
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wade Harrison Griffin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hallie M. Griffin
6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Feb. 21 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>7</u>	<u>7</u>	_____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Edward H. Griffin

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

14. Maiden name unknown

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

16. (a) Informant Hallie Mae Griffin

(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 7-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Missouri

19. (a) 7-31-48 (b) Welma D. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th
year 1948 hour 10 minute 15 AM.

21. I hereby certify that I attended the deceased from Apr. 20 1948 to July 28th 1948
that I last saw him alive on July 29th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lungs

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

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 D. Cannon (M.D. or other) D.O.
Address Dexter, Mo. Date signed 7/31/48

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 842 957

Date Filed 8-2-48

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 B. J. Brentlinger
Licensed Embalmer No. 4701
P. O. Address Nepta, 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.