MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38905
Do not use this space.

1. PLACE OF DEATH
(a) County Barry
(b) Township
(c) City Wheaton
Registration District No. 31
Primary Registration District No. 5042c
Registered No. 46
(d) Street No. ... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 6 yrs. 13 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jewell Maxim Griffith
(a) Residence, No. Exeter Mo St.
(Usual place of abode, if no street address, write county or city)
Wheaton, Mo
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1923

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	16	8	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Student
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Exeter, Mo.

FATHER
13. NAME A. E. Griffith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassville, Mo.

MOTHER
15. MAIDEN NAME Ada Bratton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Exeter, Mo.

17. INFORMANT (ADDRESS) A. E. Griffith Exeter Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood Cem. DATE Nov 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Koon Funeral Home Cassville Mo.

20. FILED Nov. 28, 1939 Donald Blankenship Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov - 22, 1939, to Nov. - 27 -, 1939
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema ✓	11-1-39
Paresis ✓	11-23-39
Pneumonitis	11-25-39

Other contributory causes of importance

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) O. S. McLeod, M. D.
32 (Address) Wheaton Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 1939-2384
Date Filed DEC 1 1939

78

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, ...
Eugene Wood, or by .....

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

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address Cassville, 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38905

Do not use this space.

1. PLACE OF DEATH

(a) County Barry — Registration District No. 31

(b) Township — Primary Registration District No. 5042 — Registered No. 46

(c) City Wheaton (d) Street No. ____ St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. (f) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. PRINT FULL NAME Jewel Maxine Griffith

(a) Residence, No. ____ St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	S

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	16	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ____

FATHER

13. NAME ____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ____

MOTHER

15. MAIDEN NAME ____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ____

17. INFORMANT (ADDRESS) ____

18. BURIAL, CREMATION, OR REMOVAL

PLACE ____ DATE ____, 19__

19. FUNERAL DIRECTOR (ADDRESS) ____

20. FILED ____, 19__ ____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__ to ____, 19__

I last saw h... alive on ____, 19__ Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Paresis	
Pericarditis	
was not Institu...	
Yes Chronic insanity	

Other contributory causes of importance: ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) O. L. McCall, M. D.

(Address) Wheaton Mo.

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should note CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.