

FILED JUL 24 1944

Registration District No.

Primary Registration District No. 5793

Registrar's No.

1. PLACE OF DEATH:

(a) County MONITEAU
(b) City or town LINA
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU
(c) City or town RUFA? 69
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ROCKWELL E. GRIFFIN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1944 hour 6 minute P.M.
21. I hereby certify that I attended the deceased from dead when first seen to _____, 19____; that I last saw him _____ alive on _____, 19____; 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 SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

Immediate cause of death Cerebral hemorrhage
Due to Ruptured blood vessel - cause
Due to unknown
Death instantaneous
Other conditions (Include pregnancy within 3 months of death) _____

7. Birth date of deceased APR 12 1927
(Month) (Day) (Year)
8. AGE: - Years 17 Months 2 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace LUPUS MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation LABORER

Major findings: Of operations g3a
Of autopsy _____

11. Industry or business _____
12. Name HARRY GRIFFIN
13. Birthplace MOBERLY MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name ETHEL L. HAYNES
15. Birthplace RYKANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie L. Tricke
(b) Address Lupus MO

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? _____

17. (a) BURIAL (b) Date thereof 6-23-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HICKAM CEM.
18. (a) Signature of funeral director C. Albert Hornbeak
(b) Address Prairie Home, MO.
19. (a) June 24 1944 (b) Groce Bentley
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 3
23. Signature Kenneth Latham (M. D. or other) Coroner
Address California, MO. Date signed 6-21-44

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

680000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 9,

District File Number.....

7021-44

Date Filed.....

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 *C. Albert Hornbeck*.....

Licensed Embalmer No. *2714*.....

P. O. Address *Praine Home 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.