

FILED MAR 11 1940
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 231

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

1. PLACE OF DEATH:

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

8. (a) PRINT FULL NAME BENJAMIN B. GRIFFIN

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

4. Sex male 5. Color or race White 6. (e) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Griffin 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: Feb. 2nd, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 0 25 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm. Griffin

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

14. Maiden name Barker

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

16. (a) Informant William Griffin

(b) Address St. Joseph, Mo.

17. (a) Removal (b) Date thereof FEB 29, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MAGSVILLE Mo.

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St. Joseph, Mo. 83

19. (a) Feb 29, 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 820 Richardson
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th.
year 1940 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from viewed
Feb. 28th 19 40
that I last saw the body and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy no

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 Coroner

23. Signature B. D. Tadlock (M. D. or other) 4
Address King Hill Bldg Date signed _____

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

Pillsbury
807

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. H. Swann

Licensed Embalmer No. 4083

P. O. Address St. Joseph

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.