

STANDARD CERTIFICATE OF DEATH

19217

State File No.

Registrar's No.

Registration District No. 668

Primary Registration District No. 3-0-32-5889

I. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sedalia Missouri R. R. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Griessen 625

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 Fredricka Griessen 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov. 21 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jacob Griessen

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

14. Maiden name Marie Ribbon

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

16. (a) Informant John Griessen Jr.

(b) Address Sedalia Missouri

17. (a) Burial (b) Date thereof May 27/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Missouri

19. (a) 5-27-40 (b) Mrs Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. Sedalia Mo. R. R. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 57 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1940 hour 4:05 minute P M.

21. I hereby certify that I attended the deceased from February 26 1940 to 5-23 1940
that I last saw ~~him~~ alive on 5/22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arterio Sclerosis

Due to Hypertension

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

906 While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature J. L. Loyer (M. D. or _____)

Address Sedalia Mo Date signed 5/27/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-14-40

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.