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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43616

State File No. 13

JAN 25 1941

Registration District No. 732

Primary Registration District No. 4437

Registrar's No. 732

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Higbee Mo  
(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 \_\_\_\_\_  
years, months or days 2

3. (a) PRINT FULL NAME Mrs Kate Griggs

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

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

6. (b) Name of husband or wife A. C. Griggs 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec 24 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 10 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Randolph Co. Mo. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Richard Hines

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

14. Maiden name Margaret Dawkins

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

16. (a) Informant Mrs Albert Martin

(b) Address Higbee Mo

17. (a) Burial (b) Date thereof Nov 15 1940  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem Higbee Mo

18. (a) Signature of funeral director Joe W Burton

(b) Address Higbee Mo

19. (a) Nov. 14 1940 (b) J. W. Burton (c) 660  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Higbee Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13  
year 1940 hour 10:05 minute 40

21. I hereby certify that I attended the deceased from Sept 24 1936 to Nov 13 1940  
that I last saw h. e. r. alive on Nov 13 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death systemic uraemic

Due to Inflammation

Due to 35H

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration 4 yr  
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 J. H. Hines (M. D. or other) M.D.  
Address Higbee MO Date signed 11-14-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 1-41-105

Date Filed JAN 13 1941

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. L. Robertson

Licensed Embalmer No. 3244

P. O. Address Jonesport 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.