

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
DEC 28 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4719

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town K.C. Mo.  
(c) Name of hospital or institution:  
K.C. Soc Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7-13-42-12-15-42  
(Specify whether  
In this community 155 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town K.C. Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1043 Passo  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME GRIGGS, HERMAN

3. (b) If veteran, name war no 3. (c) Social Security No. 487-03-3524

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced M I  
6. (b) Name of husband or wife Mildred Griggs 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased 2nd 1909  
(Month) (Day) (Year)

8. AGE: Years 33 Months 1 Days 03 If less than one day 20 hr. 30 min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Felix Griggs  
13. Birthplace Bay City Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name Abner  
15. Birthplace Chatanooga Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Griggs  
(b) Address 2747 Michigan

17. (a) Burial (b) Date thereof Dec. 19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Westington Jones  
(b) Address 1905 Pine St.

19. (a) 12-17-42 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15  
year 1942 hour 8:40 minute 9 P. M.  
21. I hereby certify that I attended the deceased from July 13  
1942 to Dec 15 1942  
that I last saw him alive on Dec 15 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Adv. Pulmonary Soc.

Due to 1313

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

Duration  
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) Means of injury  
Signature Adelbert (M. D. or other)  
Address K.C. To Hospital Date signed

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

48  
33  
8

710

301

K.C. Mo.

**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. West*

Licensed Embalmer No.....

*2710*

P. O. Address.....

*K. C. 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.**