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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6291

Registration District No. 120 | Primary Registration District No. 5444 | Registrar's No. 25

1. PLACE OF DEATH:

(a) County: Gentry
(b) City or town: Albany R.F.D. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Farm 5 Miles Twp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 60 years

2. USUAL RESIDENCE OF DECEASED: 38

(a) State: Missouri (b) County: Gentry 0
(c) City or town: Gentry (If outside city or town limits, write "RURAL") 0
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: George Griffey
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: Widowed
6. (b) Name of husband or wife: Martha Morris
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: June (Month) 26 (Day) 1855 (Year)

8. AGE: Years 87 | Months 8 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: Unknown (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Retired Blacksmith
11. Industry or business: ____

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant: Mr. Ernie Kier
(b) Address: Ravenwood Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 6-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Hugginsville
18. (a) Signature of funeral director: Clifford Burke
(b) Address: Albany, Missouri
19. (a) 3-5-1948 (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar 4 day: 4 year: 1943 hour: 6-30 minute: 9 M.
21. I hereby certify that I attended the deceased from Mar 3 1943 to Mar 4 1943 that I last saw h. alive on Mar 3 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration: 8 hr
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): 94
Major findings: Of operations: ____ Of autopsy: ____

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? (Specify type of place)
While at work? ____ (e) Means of injury: ____
23. Signature: J. N. Barger (M.D. or other)
Address: Albany Mo Date signed: 3-4-43

1108

(Licensed Embalmer's Statement on Reverse Side)

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 Me, Registered Apprentice No. working under my personal supervision.

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.