

FILED APR 1 1943

State File No. ....

Registration District No. 62

Primary Registration District No. 4108

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Stockton, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: XXX  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX (Specify whether  
In this community XXX years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar  
(c) City or town Cedar Co., Stockton, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. XXXXX (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country XX

3. (a) PRINT FULL NAME Charles Irven Griffin

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

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Katie D. Griffin 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased April 23, 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 10 9 XXXXXXX min.

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

10. Usual occupation Retired Mail Carrier

11. Industry or business XXXX X

MOTHER FATHER

12. Name Sam Griffin  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mittie Purdom  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Katie D. Griffin

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 3-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton Cemetery

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Missouri

19. (a) 3-20-43 (b) Mrs. Ethel Pluech  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2  
year '43 hour 4:20 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on March 1, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 94a

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Dr. Wm. B. Richter (M. D. or other)  
Address Stockton, Mo Date signed 3.2.43

Duration

Min.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

20  
0  
0

128

APR 23 1943

APR 7 1943

RECEIVED

District Health Officer No. 7,

District File Number 2-43-129

Date Filed 3-31-43

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.