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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED APR 15 1946

STANDARD CERTIFICATE OF DEATH

State File No. **10116**

Registration District No. **210**

Primary Registration District No. **5769**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Mercer**

(b) City or town **Saline RFD Cainsville,**
(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 **32 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mercer**

(c) City or town **Saline RFD Cainsville**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Phoebe Rachel Griffin**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Maurice Griffin** 6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **January 13 1908**
(Month) (Day) (Year)

8. AGE: Years **38** Months **11** Days **7** If less than one day
hr. _____ min. _____

9. Birthplace **Chariton Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business _____

12. Name **Benton Williams**

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

14. Maiden name **Lucille Wright**

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

16. (a) Informant **Maurice Griffin**

(b) Address **Cainsville, Missouri.**

17. (a) **Burial** (b) Date thereof **Feb. 25, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Freedom Cemetery**

18. (a) Signature of funeral director _____

(b) Address **Cainsville, Missouri.**

19. (a) **3-2-46** (b) **Evon Martin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **20th**
year **1946** hour **4** minute **30** P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw her **or** alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia** **3 days**

Due to **Lung Abscess** **3 years**
(? The etiology)

Due to _____

Other conditions **Malnutrition**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy **24**

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 **0**

23. Signature **M. D. or other** (M. D. or other) **11/11**

Address **Princeton, Missouri.** Date signed **2/23/46**

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, 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~~

Eddie J. Stokless

Registered Apprentice No.

working under my personal supervision.

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.