

S. No. 2
M-5-43
5-17-39
p I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23442

State File No. _____
Registrar's No. 74

Registration District No. 137 Primary Registration District No. 5536

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Oregon-Rural Hickory Twship
(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 2 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt
(c) City or town Oregon-Rural
(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 Freddie Franklin Griffin
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 3
year 1946 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from June 3
3 1946 to June 3 1946
that I last saw him alive on June 3 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma Jane Griffin
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 28 1880
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 1 hr
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: none
Of operations: none
Of autopsy: none

8. AGE: Years Months Days If less than one day
65 6 5 hr. _____ min.
9. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farm Laborer
11. Industry or business _____

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? none
(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 _____

MOTHER FATHER
12. Name John Griffin
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Canada
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Floyd Swearingen
(b) Address Oregon, Missouri
17. (a) Burial (b) Date thereof June 5 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Missouri
18. (a) Signature of funeral director J. H. Pettigrew
(b) Address Oregon
19. (a) Date received local registrar Jun 5-1946 (b) Registrar's signature _____

23. Signature E. J. Kearney (M. D. or other) _____
Address Oregon Hill Date signed 6/5/46

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

400

44
2
8
0

122

(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.....

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

Signed J. H. Peterson
Licensed Embalmer No. 3192
P. O. Address Oregon 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.