

FILED OCT 17 1948

3041

Registrar's No. 109

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Macon
(c) City or town Macon
(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 _____

61
3
2
0

3. (a) PRINT FULL NAME Thomas P. Griffin

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 Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 8 - 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Macon Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Thomas Griffin

12. Name Thomas Griffin

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

14. Maiden name Budget Murphy

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

16. (a) Informant Mrs. Thos P Griffin

(b) Address Macon Mo.

17. (a) burial (b) Date thereof Aug 24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's Cem

18. (a) Signature of funeral director Oliver Skinner
(b) Address Macon Mo

19. (a) 10-1-46 (b) Pete McNeely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22
year 1948 hour 3 minute PM

21. I hereby certify that I attended the deceased from Aug 10 1946 to Aug 22 1946
that I last saw him alive on Aug 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 3 days

Due to arterio sclerosis

Due to Hypertension

Other conditions Arterio Sclerosis
(Include pregnancy within 8 months of death)

Major findings: of the stomach

Of operations ✓

Of autopsy ✓ 9417

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) No

(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 J. O. Em (M. D. or other) MD

Address Macon Mo Date signed 8-24-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 10-46-1855
Date Filed OCT 14 1946

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 Albert Skinner

Licensed Embalmer No. 751

P. O. Address Macon 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.