

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 5 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 113

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1909 Holman St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph, Missouri
(If outside city or town limits, write "RURAL")
 (d) Street No. 1909 Holman
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William B. Griggs
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 - day 29 1947
 year _____ hour 3 minute 58 P.M.
21. I hereby certify that I attended the deceased from 1-14-
1947, to 1-19-
1947
 that I last saw him alive on 1-14-
1947
 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 Married
 (b) Name of husband or wife Maggie Griggs
 (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased December 2, 1869
(Month) (Day) (Year)

Immediate cause of death _____
cor myocarditis
 Due to Generalized arteriosclerosis
 Due to fracture
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 77 Months 1 Days 17
 If less than one day _____ hr. _____ min.

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired farmer
11. Industry or business farming

MOTHER FATHER
 { **12. Name** Ambrose Griggs
 { **13. Birthplace** Unknown Kentucky
(City, town, or county) (State or foreign country)
 { **14. Maiden name** Barthany Sallee
 { **15. Birthplace** Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maggie Griggs
 (b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 1/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton K. Hale & Buchanan
 (b) Address St. Joseph, Mo.

19. (a) Jan 29, 1947 (b) E. L. Jenkins
(Date received local registrar) (Registrar's signature)

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 fall
23. Signature McGinnis (M. D. or other)
 Address 315 Kirkpatrick Bldg. St. Joseph, Mo. Date signed 1/20/47

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

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, ~~only~~.....

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

Signed..... *Raymond A. Merhead*
Licensed Embalmer No..... *4413A*
P. O. Address..... *319 So 10th Street*

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.