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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23597

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 221

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution: St. Francis So. E. Missouri
(d) Length of stay: In hospital or institution 2 days
In this community life time

3. (a) PRINT FULL NAME Charles Griffin
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive - - years
7. Birth date of deceased March 4 1882

8. AGE: Years 65 Months 4 Days 5

9. Birthplace Saco Mo. Farmer

10. Usual occupation None

11. Industry or business James Griffin

12. Name James Griffin
13. Birthplace Unknown Tenn.

14. Maiden name Missouri Berry
15. Birthplace Unknown Unknown

16. (a) Informant Mrs. Phannon East
(b) Address Fredericktown, Mo.

17. (a) Burial (b) Date thereof 7-11-47
(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director J. H. Keiser, Jr.
(b) Address Fredericktown, Mo.

19. (a) 7-15-1947 (b) G. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Madison
(c) City or town Saco
(d) Street No. None
(e) Citizen of foreign country? No
If yes, name country - - -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1947 hour 10:15 minute M.
21. I hereby certify that I attended the deceased from July 7 1947 to July 9 1947
that I last saw him alive on July 9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure
Due to Ch. Valvular Disease

Other conditions: (Include pregnancy within 3 months of death)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature J. H. Keiser (M. D. or other) Address Cape Girardeau, Mo. Date signed 7/15/47

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

Sanitary Health Officer No. _____
District File Number 247-961
Date Filed 7-22-47

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 _____

J. H. Hohler

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

J. H. Hohler

Licensed Embalmer No. 1623

P. O. Address Cape Girardeau 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.