S. No. 300
M—10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40537

Registration District No. 155 | Primary Registration District No. 3127 | Registrar's No. 181

49 6 2

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Webb City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 hours (Specify whether years, months or days)
In this community: 5 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Webb City 6 (If outside city or town limits, write "RURAL")
(d) Street No.: Jane Chinn Hospital 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Infant Son of Emmett Griffin Jr.
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male 0
5. Color or race: White
6. (a) Single, ~~widowed, married~~, divorced: U
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 21 (Day) 1948 (Year)
8. AGE: Years | Months | Days | If less than one day: 5 hr. min.
9. Birthplace: Webb City, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: infant
11. Industry or business:
MOTHER FATHER
12. Name: Emmett Griffin Jr. 0
13. Birthplace: Webb City (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Annabelle Saylor 0
15. Birthplace: (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Emmett Griffin Jr. (father)
(b) Address: Jasper, Mo. R#2
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Carterville Cemetery
18. (a) Signature of funeral director: Hedge-Lewis
(b) Address: Webb City, Mo.
19. (a) DEC. 22, 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 21 year: 1948 hour: 7 minute: A M.
21. I hereby certify that I attended the deceased from 12-21, 1948 to 12-21, 1948; that I last saw him alive on 12-21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: IMMATURITY (6½ mo) FETUS — Duration:
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: 159

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):
(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:
23. Signature: [signature] M.D. or other: DO
Address: CARTERVILLE MO Date signed: 12/21/48

(Licensed Embalmer's Statement on Reverse Side)

48-12-1096

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.....

Licensed Embalmer No. 2859

P. O. Address.....

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.