S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40538

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 130

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

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 D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community 4 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 4
(If outside city or town limits, write "RURAL")
(d) Street No. Jane Chinn Hospital
(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 D
5. Color or race White
6. (a) Single, ~~widowed, married, divorced~~ 1
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 4 hr. min.
9. Birthplace Webb City (City, town, or county) Mo. D (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Emmett Griffin Jr. D
13. Birthplace Webb City (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Annabelle Saylor D
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Emmett Griffin (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) 1.07

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1948 hour 6 minute A M.
21. I hereby certify that I attended the deceased from 12-21-48, 19, to 12-21, 1948; that I last saw him alive on 12-21-48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
IMMATURITY (6½ MO FETUS)	
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)

48-12-1095

(Reverse)

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.