No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42462

FILED JAN 25 1949
Registration District No. 137

Primary Registration District No. 5469

Registrar's No.

1. PLACE OF DEATH:
(a) County: GRUNDY
(b) City or town: RURAL FRANKLIN TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 83-3-8

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: GRUNDY
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: FRANKLIN TOWNSHIP
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM 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: WIDOWED

6. (b) Name of husband or wife: AMEY GRIFFIN

6. (c) Age of husband or wife if alive: years 22

7. Birth date of deceased: SEPT (Month) 22 (Day) 1865 (Year)

8. AGE: Years 83 | Months 3 | Days 8 | If less than one day: hr. min.

9. Birthplace: GRUNDY CO. (City, town, or county) MO. (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business:

MOTHER FATHER

12. Name: WILLIAM GRIFFIN

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

14. Maiden name: NANCY BENNETT

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

16. (a) Informant: John Griffin
(b) Address: Spickard Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN-1-1949 (Month) (Day) (Year)
(c) Place: burial or cremation: WILD CEM. GRUNDY CO. MO.

18. (a) Signature of funeral director: SCHOOLER FUNERAL HOME
(b) Address: SPICKARD MO

19. (a) 1/10/49 (Date received local registrar) (b) Addie Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 30 year 1948 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 15, 1948, to Dec. 30, 1948; that I last saw alive on ..., 19..; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Influenza - Pneumonia

Due to:

Due to:

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

Major findings:
Of operations: NO
Of autopsy: NO

PHYSICIAN

Underline the cause of 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: C H Cullers M D (M. D. or other)
Address: Trenton Mo Date signed 12-31-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.