

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21084
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Man Primary Registration District No. 1002
(c) City Man City (d) Street No. 12th Street and Gate Road 2534 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hirsh T. Kriffin 615
(a) Residence, No. 2015 Linwood Blvd St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6-1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 3 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tall Taker
9. Industry or business in which work was done, as saw mill, bank, etc. Fairfax Vreder
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME George W. Kriffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Martha Brandon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) William B. Curry
2015 Linwood Blvd

18. BURY, CREMATION OR REMOVAL PLACE New Bloomfield DATE June 24, 1938

19. FUNERAL DIRECTOR (ADDRESS) Carroll J. Davison
3024 T. road

20. FILED June 24, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-23-38 19

22. I HEREBY CERTIFY, That I attended deceased from 1938 to 1938, 19...
I last saw him alive on June 23, 1938, 19... Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:
Poisoning Injury
Chest Hemorrhage

Date of onset 18/11

Other contributory causes of importance:

Name of operation Autopsy Date of June 23, 1938
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 6-23-38
Where did injury occur? Fall from ladder Kansas
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Pub
Manner of injury Fall from ladder
Nature of injury Crushing injury chest

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Yes
(Signed) Russell W. Jones M. D.
(Address) Man

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.
Signed.....

Licensed Embalmer No.....

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.)