V. S. No. 2
0M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10200

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 278

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

11
5
7

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: In Ambulance on way To Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community 41 Year 3 Mo. 19 Days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 718 S. 14th. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Jerome O. Griffin 615

3. (b) If veteran, name war ✓

3. (c) Social Security No. 500-07-3750

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 18th. (Day) 1898 (Year)

8. AGE: Years 41 Months 3 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace St Joseph (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Hillyard Chemical Co.

FATHER
12. Name J. D. Griffin
13. Birthplace Helena (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Stucki
15. Birthplace Helena (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Elizabeth Griffin

(b) Address 718 S. 14th. St Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn

18. (a) Signature of funeral director FLEEMAN & SON, INC. 11

(b) Address St. Joseph Mo. 11

19. (a) 3/11/40 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 7 year 1940 hour 7 minute 45 P M.

21. I hereby certify that I attended the deceased from Viewed March 7th 1940, to ....., 19....; that I last saw h. ####### alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Homicide by fire arms — Duration

Due to 173

Due to .....

Other conditions none (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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) Homicide

(b) Date of occurrence March 7th 1940

(c) Where did injury occur? St Joseph, Buchanan Mo. (City or town) (County) (State)

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

While at work? no (e) Means of injury Gun Shot

23. Signature B. W. Tadlock Coroner (M. D. or other) 11

Address King Hill Bldg Date signed 3/9/40

(Licensed Embalmer's Statement on Reverse Side)

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 C G Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph.

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, above space should be left blank.