S. No. 2
M—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

Registration District No. 42 | Primary Registration District No. 3007 | Registrar's No. 381

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Brandon Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler 12

(c) City or town: Rural - Route 6
(If outside city or town limits, write "RURAL")

(d) Street No.: Poplar Bluff
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Polk Griffin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Sam Griffin

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

7. Birth date of deceased: Aug. 20, 1864 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	4	3	hr. min.

9. Birthplace (City, town, or county): Alabama (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Abraham Eckeberger
13. Birthplace (City, town, or county): Arkansas (State or foreign country)

MOTHER
14. Maiden name: Rebecca Hobbs
15. Birthplace (City, town, or county): Arkansas (State or foreign country)

16. (a) Informant: Thos. Sparkman
(b) Address: Rt. 6, Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 26, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Sparkman Cemetery

18. (a) Signature of funeral director: Greer Croy
(b) Address: Poplar Bluff, Missouri

19. (a) 12-31-43 (Date received local registrar) (b) Bellestine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 23 Year 1943 hour 8:35 minute A. M.

21. I hereby certify that I attended the deceased from 12-15-, 1943 to 12-23-, 1943 that I last saw he alive on 12-23-, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	8 days
Due to: Influenza	12 days
Due to:	
Other conditions (Include pregnancy within 3 months of death): 330	
Major findings: Of operations:	
Of autopsy:	

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: [illegible] (M. D. or coroner)
Address: Poplar Bluff, Mo. Date signed 12/27/43

92 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 144-87
Date Filed 1-10-44

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 W. C. Choy

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, Missouri

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.