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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13048

FILED MAY 10 1945

Registration District No. 3010 Primary Registration District No. 3010 Registrar's No. 120

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. Red STAR Addition
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME JOHN W GRIGGS
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 Married
6. (b) Name of husband or wife Kathaleen Jan.
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased ~~April 19 1880 1945~~ (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	3	15	hr. min.

9. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business —
FATHER
12. Name JOHN. W. Griggs
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name NANNIE Woods.
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Kathaleen GRIGGS
(b) Address Cape Girardeau. Mo
17. (a) Buriel (b) Date thereof 4-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Thebes ILL
18. (a) Signature of funeral director Joe D Howell
(b) Address Cape Girardeau. Mo
19. (a) 4-20-45 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1945 hour 9 minute 25 P.M.
21. I hereby certify that I attended the deceased from March 19, 1945 to April 19, 1945;
that I last saw him alive on April 19, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis, chronic	1 yr.
Due to Rheumatic Fever	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
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 [signature] (M. D. or other)
Address Cape Girardeau. Mo Date signed 4/20/45

1614 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 54-5-590

Date Filed 5-7-45

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. 3568

P. O. Address Cape

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.