S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 16 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 9448

Registration District No. 277 | Primary Registration District No. 3045 | Registrar's No. 14

1. PLACE OF DEATH:
(a) County: Mississippi
(b) City or town: Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 214 N. Green St.
(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: 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mississippi
(c) City or town: Charleston
(If outside city or town limits, write "RURAL")
(d) Street No.: 214 N. Green St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Floyd C. Safriet
3. (b) If veteran, name war: Not Known
3. (c) Social Security No.: Not Known
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ruth Safriet
6. (c) Age of husband or wife if alive: Not Known years
7. Birth date of deceased: July (Month) 29, (Day) 1885 (Year)

8. AGE: Years 62 | Months 7 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace: Vienna, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business: Grocery Store

FATHER
12. Name: Not Known
13. Birthplace: Not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Not Known
15. Birthplace: Not Known (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ruth Safriet
(b) Address: Charleston, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-7-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: London, Kentucky
18. (a) Signature of funeral director: Joe P. Munnerlyn
(b) Address: Charleston, Missouri.
19. (a) 3-12-48 (Date received local registrar) (b) Mrs. John Bonderant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1948 hour 7:00 minute 15 A.M.
21. I hereby certify that I attended the deceased from Nov 12, 1947 to Mar 5, 1948 that I last saw ~~him~~ alive on March 4, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chronic nephritis with nephrosis | 5 mo. |
| Due to: Hemoplegia | 10 mo. |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: | |

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: [illegible] (M. D. or other)
Address: Wyatt, Mo. Date signed: 3-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 5-48-353
Date Filed 3-15-48

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 Joe R. Nunnelee

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.