

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947
Registration District No. _____

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7718**
Registrar's No. **65**

Primary Registration District No. **3000**

1. PLACE OF DEATH:
(a) County **Adair**
(b) City or town **Kirkville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Community Nursing Home #1** **4**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **12 days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Mercer** **65**
(c) City or town **Princeton** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **1**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George Griffin**
(b) If veteran, name war **No**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **26**
year **1947** hour **7** minute **30 P.** M.
21. I hereby certify that I attended the deceased from **Feb 17**
19**47**, to **Feb 26**, 19**47**
that I last saw him alive on **Feb 26**, 19**47**
and that death occurred on the date and hour stated above.

4. Sex **Male** (1) 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Divorced**
(b) Name of husband or wife **Lucy Griffin**
(c) Age of husband or wife if alive **50** years
7. Birth date of deceased **Nov. 8 1866**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage** **9 Days**
Duration
Due to **hypertension and arteriosclerosis**
Due to _____ years

8. AGE: Years **80** Months **3** Days **17**
If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **83A**
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace **Warren Co. Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**
11. Industry or business **Farming**

MOTHER FATHER {
12. Name **Ruben Francis Griffin**
13. Birthplace **Unknown** **7**
(City, town, or county) (State or foreign country)
14. Maiden name **Deborah Ann Sloan**
15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jane Griffin Leach**
(b) Address **Denver, Colorado**
17. (a) **Burial** (b) Date thereof **3/1/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Princeton, Mo.**

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?

18. (a) Signature of funeral director **Martin Funeral Home**
(b) Address **Princeton, Mo.**
19. (a) **3-11-47** (b) **Wate Lambert**
(Data received local registrar) (Registrar's signature)

(Specify type of place) (Specify type of place)
While at work? _____ (c) Means of injury **2**
23. Signature **M. T. Blunt** or other **Dr.**
Address **Princeton, Mo.** Date signed **2-26-47**

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

RECEIVED
District Health Officer No. 10
3-47-47
MAR 18 1947

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..... *J. W. Riley*

Licensed Embalmer No. *4181*

P. O. Address..... *Kennett 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.