. No. 2
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5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 24 1948

Registration District No. 9

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 16950

Registrar's No. 170

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: May 11, 1948 (Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion 64
(c) City or town: Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 726 Lyon 4
(If rural, give location) 0
(e) Citizen of foreign country?: (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Bert F. Griffin
3. (b) If veteran, name war:
3. (c) Social Security No.: 493-28-5541

4. Sex: Male O
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Millie Jane Jackson Griffin
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: August 1, 1881 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	6	13	hr. min.

9. Birthplace: Bellvue Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Machinist
11. Industry or business: Retired
FATHER
12. Name: Daniel Boone Griffin
13. Birthplace: Temnessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sarah Jane Fowler
15. Birthplace: No record (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Bert F. Griffin
(b) Address: 726 Lyon Hannibal Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Grandview Burial Park
18. (a) Signature of funeral director: W. Crawford Smith
(b) Address: 902 Broadway Hannibal Missouri
19. (a) 5-17-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1948 hour 6 minute 55 P. M.
21. I hereby certify that I attended the deceased from 5-8, 1948 to 5-14, 1948, that I last saw him alive on 5-14, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina pectoris	
Due to:	
Due to: 931	
Other conditions (Include pregnancy within 3 months of death): Chronic myocarditis	
Major findings: Of operations: None	
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: J. H. Heuchemer (M. D. or other) MD
Address: 100 N. Bridge Hannibal Date signed: 5/18/48

Jefferson City Printing Co.
(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 Lyman W. Steele Registered Apprentice No. 460, working under my personal supervision.

Signed W. Crawford Smith

Licensed Embalmer No. ~~38~~ 381

P. O. Address Hannibal 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.