

SEP 15 1940
Registration District No. 89

Primary Registration District No. 5131

Registrar's No. 269

1. PLACE OF DEATH:

(a) County BUTLER
 (b) City or town RURAL
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days _____

3. (a) PRINT FULL NAME MARY ANN 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 MARRIED
 6. (b) Name of husband or wife W. J. GRIFFIN 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased FEB 28 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 3 _____ hr. _____ min.

9. Birthplace MO (City, town, or county) (State or foreign country)10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER
 12. Name GEO. STEIN
 13. Birthplace GERMANY (City, town, or county) (State or foreign country)
 14. Maiden name MATILDA GREGORY
 15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter Griffin
 (b) Address RFD #4 Paplar Bluff, Mo
 17. (a) Burial (b) Date thereof Sept 1 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ashcroft Cem
 18. (a) Signature of funeral director N.T. Phelps
 (b) Address Paplar Bluff, Mo
 19. (a) 9-2-40 (b) W. W. Winters
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1940 hour 8 minute PM

21. I hereby certify that I attended the deceased from June 28, 1940
 to Aug. 31, 1940
 that I last saw her alive on Aug 12, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Branchio-pneumonia Duration 8/29/40
 Due to Cardio-vascular renal disease with 22
 Due to Cerebral apoplexy 4/40

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury _____
 23. Signature Walter Griffin (M. D. or other) _____
 Address Paplar Bluff, Mo Date signed 9/3/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

P. O. Address.....

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, above space should be left blank.