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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1943

Registration District No. 209

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10839

Primary Registration District No. 3043

Registrar's No. 44

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 Wy (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 64

(a) State MO (b) County Marion 3

(c) City or town Hannibal 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1913 Broadway
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Homer T. Griffith

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 Widowed

6. (b) Name of husband or wife O Dia

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. (Month) 11 (Day) 1874 (Year)

8. AGE: Years 69 | Months — | Days 1 | If less than one day hr. min.

9. Birthplace Pike County (City, town, or county) MO O (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name John Griffith
13. Birthplace (City, town, or county) MO O (State or foreign country)

MOTHER
14. Maiden name Nora Ford
15. Birthplace (City, town, or county) MO O (State or foreign country)

16. (a) Informant Reginald Griffith
(b) Address 1913 Broadway, Hannibal Mo

17. (a) Grandview Burial Park (Burial, cremation, or removal) (b) Date thereof Feb. 10-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director James O'Connor
(b) Address Hannibal Mo

19. (a) 2/10/43 (Date received local registrar) (b) R W Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day #8th
year 1943 hour minute 3 am M.

21. I hereby certify that I attended the deceased from Feb. - 6 1943 to Feb 8th 1943;
that I last saw him alive on Feb 8th 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Congestion and Peripheral vascular disease —	36 hrs
Due to: Cardio-Vascular - Coronary Disease —	5 yrs
~~Due to~~	
Other conditions (Include pregnancy within 3 months of death) Prostatic Hypertrophy	5 yrs.

Major findings:
Of operations
Of autopsy

93d

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 O

23. Signature F E Sultzman (M. D. or other) MD
Address 115 No 5 Hannibal Date signed 2/9/43

1146

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Michael J. O'Donnell.....

Licensed Embalmer No.....3246.....

P. O. Address.....Hannibal 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.