U.S. No. 2
20M—2-43
Rev. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19800

Registration District No. 20 — Primary Registration District No. 5080 — Registrar's No. 11

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Adrian Rural # 3 Deerfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 8
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7
(c) City or town Adrian Rural Route #3 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME William Christopher Griner
3. (b) If veteran, name war World War 1
3. (c) Social Security No. 497-260-297
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nannie Winona Griner
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Sept (Month) 12 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
56	9	15	____ hr. ____ min.

9. Birthplace Archie (City, town, or county) Cass Missouri (State or foreign country)
10. Usual occupation Carpenter - Defence
11. Industry or business ____

FATHER
12. Name Fred Griner
13. Birthplace California (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Emmily J. Page
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nannie Griner
(b) Address Adrian Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Crescent Hill Cemetery
18. (a) Signature of funeral director Atkinson Bros.
(b) Address Archie, Mo.
19. (a) 7-5-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1945 hour 0 4 minute 0 M.

21: I hereby certify that I attended the deceased from June 11, 1945, to June 27, 1945 that I last saw him alive on June 27, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to	
Due to Chr. Hypertension	
Other conditions (Include pregnancy within 3 months of death) Generalized Arteriosclerosis	
Major findings: Of operations	
Of autopsy	

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 0

23. Signature Crite W. Lutes (M. D. or other) 6/27/45
Address Butler, Mo. Date signed M.D.

1244

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1947

RECEIVED
Office No. 7
Number 6-45-627
Date Filed 2-10-45
SEP 10 1945

JUL 17 1945

OCT 22 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~~ personally ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.