No. 2
—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27902

FILED AUG 21 1945

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 182

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: 801 S Main St 1
(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 Marion 64

(c) City or town Hannibal 8
(If outside city or town limits, write "RURAL")

(d) Street No. 801 S Main St 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Laura 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 Widowed

6. (b) Name of ~~husband or wife~~ Alford

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

7. Birth date of deceased Jan. (Month) 17 (Day) 1866 (Year)

8. AGE: Years 79 Months 4 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Boone Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name Jerr Roniamous
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Eliza Meyers
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Lela DeRouse
(b) Address Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cemetery

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

19. (a) 6-26-45 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

1394

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1945 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 27, 45 May 30, 1945, 19..., to ....., 19...; that I last saw her alive on May 27, 1945, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-Vascular	?
Renal disease	
Due to Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 .....

23. Signature [signature] M. D. ~~or other~~

Address Hannibal, Mo. Date signed 6-2-45

(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.....

Licensed Embalmer No. 2022

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, fact should be so stated above.