. S. No. 2
0M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29522

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 223

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 110 N. Garth
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 110 N. Garth
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN WILLIS GRIFFIN

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie Lee Griffin

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

7. Birth date of deceased 6 (Month) - 12 (Day) - 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	2	28	hr. min.

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

10. Usual occupation Retired

11. Industry or business

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

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

16. (a) Informant Mrs. John W. Griffin
(b) Address 110 N. Garth, Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 9-14-46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10 year 1946 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug - 1937, to Sept - 10 - 1946 that I last saw him alive on Sept - 8 - 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage from Gastric Ulcer.	
Due to Gastric Ulcer	
Hemiplegia June - 1945	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83D

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 U

23. Signature J. C. Suggett (M. D. or other M. D.)

Address Columbia Date signed 9-11-46

(Licensed Embalmer's Statement on Reverse Side)

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

31

RECEIVED
District Health Officer No. 9,
District File Number 9-46-123
Date Filed 9-16-46

US APR 30 1959

OCT 11 1946

OCT 9 1946

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 W. J. Whitsicles

Licensed Embalmer No. 3893

P. O. Address Palmyra 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.