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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31824

State File No. \_\_\_\_\_

FILED SEP 23 1947

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 322

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:  
St. Elizabeth Hospital  
(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 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 112 South Maple 4  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Pearley Eugene Griffith

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 500-16-5964

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thelma Necht 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased January 30, 1924 1917  
(Month) (Day) (Year)

8. AGE: Years 30 Months 7 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Factory Worker

11. Industry or business Durasteel Company

12. Name Pearl L. Griffith

13. Birthplace Bowling Green Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Cora Carr

15. Birthplace Bowling Green Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. P. E. Griffith

(b) Address 112 112 South Maple, Hannibal Missouri

17. (a) Burial (b) Date thereof 9/12/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director Walter Smith  
902 Broadway Hannibal Missouri

(b) Address \_\_\_\_\_

19. (a) 9-12-47 (b) W E M Lucke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10  
year 1947 hour 2 minute 255 A.

21. I hereby certify that I attended the deceased from 9-7-47  
to 9-10, 1947;  
that I last saw him alive on 9-10-47, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Subacute bacterial endocarditis  
Non Hemolytic Streptococcus  
Due to Valvular Heart Disease  
Due to Rheumatic Fever

Duration  
?  
?  
?

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) \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W E M Lucke (M. D. or other) \_\_\_\_\_  
Address 100 N. 6th, Hannibal, Mo. Date signed 9-11-47

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

**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.....

*Lyman H. Steele*....., Registered Apprentice No. 460  
working under my personal supervision.

Signed.....

*W. Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

**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.**