. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1947

Registration District No. 10

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3033

State File No. 42163

Registrar's No.

1. PLACE OF DEATH:
(a) County: Laclede
(b) City or town: Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 weeks (Specify whether years, months or days)
In this community: 68 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Laclede 53
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Lebanon Plato Star Route
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MINNIE E. GRIFFIN
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: A. A. Griffin
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: December (Month) 18 (Day) 1878 (Year)

8. AGE: Years 68 Months 11 Days 28 If less than one day hr. min.

9. Birthplace: Laclede County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: at home
11. Industry or business:
MOTHER
12. Name: Isom Dennis
13. Birthplace: unknown (City, town, or county) (State or foreign country)
FATHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: A. A. Griffin
(b) Address: Lebanon, Plato Str. Rt. Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation: White Oak Pond
18. (a) Signature of funeral director: Palmer's
(b) Address: Lebanon, Mo.
19. (a) Dec 20, 1947 (Date received local registrar) (b) Ora Frankeberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16 year 1947 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Nov 23 1947, to Dec 16 1947 that I last saw him alive on Dec 16 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar pneumonia lower lobe left lung	10 days
Due to: Chronic cholecystitis	unk.
Due to: myocardial failure	3 wks
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: James L. Hope (M. D. or other)
Address: Lebanon, Mo. Date signed: 12/19/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Received 12/24/47
Laclede County Health Unit
12-47-217
12/24/47

JAN 7 1948

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 S. R. Palmer, Registered Apprentice No. 84, working under my personal supervision.

Signed S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.