

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**21065**  
Do not use this space.

REC'D JUL 10 1939

**1. PLACE OF DEATH**

(a) County Jackson 2 Registration District No. 399  
 (b) Township New Primary Registration District No. 1002  
 (c) City Kansas City 1 (d) Street No. 1011 Virginia St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 2333

**2. PRINT FULL NAME**

Trusella Griffin  
 (a) Residence, No. 1011 Virginia St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HOUSEWIFE OF (OR) WIFE OF <u>Gas. Griffin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 14, 1902</u>		
7. AGE	YEARS <u>36</u>	MONTHS <u>7</u>
	DAYS <u>17</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Domestic</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>S. C.</u> 1		
FATHER	13. NAME <u>Clare Smith</u> 1	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>S. C.</u> 1	
MOTHER	15. MAIDEN NAME <u>Sallie Archie</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>S. C.</u>	
17. INFORMANT <u>Sallie Smith</u> (ADDRESS) <u>1011 Virginia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lincoln</u> DATE <u>6/8</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Hatkins Bros</u> (ADDRESS) <u>1729 Lyda</u>		
20. FILED <u>67</u> 19 <u>39</u> <u>M. M. Brown</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1939

22. I HEREBY CERTIFY That I attended deceased from May 30 1939 to ..... 19.....  
 I last saw him alive on May 30 1939 Death is said to have occurred on the date stated above, at ..... P. M.  
 The principal cause of death and related causes of importance were as follows:  
Metral Regurgitation Date of onset 6/1

Other contributory causes of importance: 2

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury..... 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify.....  
 (Signed) J. D. Brown M. D.  
 (Address) 1709 E 12 St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

*T. B. Watkins*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *T. B. Watkins*

Licensed Embalmer No. *2889*

P. O. Address *1729 Lydia*

**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, above space should be left blank.**