

REC'D AUG 7 1939

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

24427

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
(b) Township Kaw 1 Primary Registration District No. 1002 Registered No. 2640
(c) City Kansas City (d) Street No. 5901 E. 35 Terrace 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.

2. PRINT FULL NAME

(a) Residence, No. 361 Nellie McGriff St. (If nonresident, give city or town and State)
5901 E. 35 Terrace (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) Geo. McGriff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31, 1894

7. AGE YEARS 44 MONTHS 70 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Kansas

FATHER 13. NAME Levi Greene

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

MOTHER 15. MAIDEN NAME Laura Dickerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Geo. McGriff
5901 E. 35 Ter.

18. BURIAL, CREMATION, OR REMOVAL Leakensworth, Kansas DATE 7-3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) West Appleton & Jones
1905 Kibben Street

20. FILED July 1, 1939 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/30, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1939 to June 22, 1939
last saw her alive on June 20, 1939 Death is said to have occurred on the date stated above, at 12A m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Type Heart Disease Date of onset 95

Other contributory causes of importance:

Name of operation none 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? no

(Signed) Cavan & Sikes M. D.

(Address) 1203 Paul Kansas City - Mo.

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 C. H. West

Licensed Embalmer No. 2710

P. O. Address Kansas City, 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, above space should be left blank.