DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38777

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4541

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Loseph Hospital.
(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 40 Years.

2. USUAL RESIDENCE OF DEECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3720 Benton Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Woodie E. GRIFFIN. 1615

3. (b) If veteran, name war No

3. (c) Social Security No. 495-052688

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Audrey Griffin.

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May (Month) 1st (Day) 1886 (Year)

8. AGE: Years 53 Months 6 Days 28 If less than one day ____ hr. ____ min.

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

10. Usual occupation Prentice Contracting Co.

11. Industry or business Foreman.

MOTHER FATHER
12. Name Henry Griffin
13. Birthplace (City, town, or county) Va (State or foreign country)

MOTHER
14. Maiden name Fannie Miles
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Elmer Griffin
(b) Address 3522 Wyandotte

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/39 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.

19. (a) Nov. 29, 1939 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1939 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct. 20, 1939, to Nov - 29, 1939, that I last saw him alive on Nov. 28, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumothorax — Duration
Due to Pulmonary abscess. (Left Lung)
Due to Non. tuberculous
Other conditions (Include pregnancy within 3 months of death) 110 V
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)
(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 G. Remley M.D. (M. D. or other)
Address 832 Argyle Bldg Date signed 11/29/39

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 I X19831

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

N. 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.

Argyle Bldg.

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.....

Licensed Embalmer No. 2999

P. O. Address..... KC

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.