

Registration District No. **825**

Primary Registration District No. **6162**

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

8

1. PLACE OF DEATH:
 (a) County **Vernon, Wash. Ter.**
 (b) City or town **Marada**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
State Hosp # 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 months**
 (Specify whether
 In this community **Lanes**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1334 E. 8th St.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Mary Griffin**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Aug** day **7**
 year **1940** hour **78** minute **10 A.M.**
 21. I hereby certify that I attended the deceased from **May 14**
1940 to **Aug 7** 19**40**
 that I last saw her alive on **Aug 7** 19**40**
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Chas. Griffin**
 6. (c) Age of husband or wife if alive **41** years
 7. Birth date of deceased **Feb 2 1876**
 (Month) (Day) (Year)

Immediate cause of death:
Hypostatic pulmonary congestion 3 days
 Due to **Hypertensive cardiac**
 Due to **vascular renal disease**

8. AGE: Years Months Days If less than one day
64 6 2 hr. _____ min.
 9. Birthplace: **Linn County, Kansas**
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
131
 Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation **Homemaker**
 11. Industry or business _____
 MOTHER FATHER {
 12. Name **Daniel Derringer**
 13. Birthplace **Rocky Hill, Ohio**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Ellen Lalonde**
 15. Birthplace **Oh**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Prop Reed**
 (b) Address **Nevada, Mo.**
 17. (a) **Removal** (b) Date thereof **8-5-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Presinton, Kansas**

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?
 While at work? _____ (Specify type of place)
 (a) Means of injury _____
 23. Signature **Wm. J. Cramer** (M. D. or other) _____
 Address **Nevada** Date signed **8/4/40**

18. (a) Signature of funeral director **Allen D. Hoyle**
 (b) Address **Nevada, Mo.**
 19. (a) **8/4/1940** (b) **Allen D. Hoyle**
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1248

Date Filed 9-4-40

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.