

Registration District No. 399 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Kansas City Conv. Home
(d) Length of stay: In hospital or institution 2 mo
In this community No Record

3. (a) PRINT FULL NAME Charles Giffin
(b) If veteran, name war No (c) Social Security No. No

4. Sex Male 5. Color or race Wh
6. (a) Single, widowed, married, divorced No Record
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased No Record

8. AGE: Years 72 Months Days If less than one day hr. min.

9. Birthplace No Record

10. Usual occupation Laborer

11. Industry or business
12. Name No Record
13. Birthplace No Record
14. Maiden name No Record
15. Birthplace No Record

16. (a) Informant Kansas City Conv. Home
(b) Address 3200 Norledge

17. (a) Removal (b) Date thereof Jan 28 41
(c) Place: burial or cremation Winksville School of
18. (a) Signature of funeral director
(b) Address 7406 Wornall Rd
19. (a) Date received local registrar Jan 28 1941 (b) Registrar's signature M. M. Grove

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City Mo
(d) Street No. 607 1/2 Main
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 17
year 1941 hour 3 minute 30 AM
21. I hereby certify that I attended the deceased from June 2-2-1940
that I last saw him alive on Jan 16 1941
and that death occurred on the day and hour stated above.

Immediate cause of death: Hypertension
Atherosclerosis
Due to
Due to
Other conditions:
Major findings:
Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. P. Lanyon (M. D. or other)
Address 3200 Norledge Date signed 2-8-41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Harlyn Roe....., Registered Apprentice No.....
working under my personal supervision.

Signed *Harlyn Roe*.....

Licensed Embalmer No. *2810*

P. O. Address *H. C. ...*

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.