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State File No.

Registrar's No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

No. 2
11-10-39
6-17-39
I 22

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

MAR 1 1941
Registration District No. 00

Primary Registration District No. 555315

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Prairie Township
(c) Name of hospital or institution: Jackson County Home for the Aged & Infirm
(d) Length of stay: In hospital or institution 18 mo 2
In this community 14 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME James W. GRIFFIN

3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife
6. (c) Age of husband or wife If alive years

7. Birth date of deceased July 11 1874
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 14 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business unknown

12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. McCarthy
(b) Address Little Blue, Mo

17. (a) Journal (b) Date thereof 3-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Plata Mo
18. (a) Signature of funeral director J. B. Langford
(b) Address Lees Summit Mo

19. (a) 3-26-41 (b) Sara J. Ben
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Kansas City
(d) Street No. 514 1/2 Main St
(e) If foreign born, how long in U. S. A. 7 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1941 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug-13 1940 to Feb 25 - 1941
that I last saw him alive on Feb 25 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Advanced Pulmonary Tuberculosis
Duration: 12 1/2

Other conditions (Include pregnancy within 3 months of death)

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: Floyd B. Kelley (M. D. or other)
Address: 419 W. Walnut Date signed: 2/25-41

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

W. B. Langford

Licensed Embalmer No.....

3233

P. O. Address.....

*115 Summit
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.