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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17168 1830

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

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

18
3
8

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 Research Hospital () (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Research Hospital (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Liberty Mo. 2 (If outside city or town limits, write "RURAL")
(d) Street No. 203 McCarty 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME CAROLYN LEE GRIFFEY
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race white
6. (a) Single, widowed, married, divorced child ()
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased August (Month) 22 (Day) 1935 (Year)

8. AGE: Years 4 5 | Months 8 | Days 17 | If less than one day ___ hr. ___ min.

9. Birthplace Liberty 1 (City, town, or county) Mo. () (State or foreign country)
10. Usual occupation child
11. Industry or business
FATHER
12. Name Ferrell V Griffey
13. Birthplace Clay County (City, town, or county) Mo () (State or foreign country)
MOTHER
14. Maiden name Flora Belle Rogers
15. Birthplace Clay County (City, town, or county) Mo () (State or foreign country)
16. (a) Informant Ferrell V Griffey
(b) Address Liberty Mo.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 5-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo.
18. (a) Signature of funeral director Hessel Carder.
(b) Address Liberty Mo.
19. (a) May 9, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ___ day 5 4-9-41
year ___ hour ___ minute ___ M.
21. I hereby certify that I attended the deceased from 3 15 A. ___, 19___, to ___, 19___;
that I last saw ___ alive on ___, 19___;
and that death occurred on the date and hour stated above.

Immediate cause of death
Fracture of the Skull
Due to Automobile traumatism
Due to
Other conditions (Include pregnancy within 3 months of death) 170 C 6 170 C 6
Major findings:
Of operations
Of autopsy yes City Street

Duration

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) Accident 024
(b) Date of occurrence 4-8-41 Liberty Mo
(c) Where did injury occur? K.C. (City or town) Mo (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? Means of injury Pedestrian auto trauma
23. Signature [signature] (M. D. or other)
Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Highway Report - #- 31-41 -
Child playing in car - accidentally
started car and fell out, car
running over her -

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 Mani Hensel.

Licensed Embalmer No. 2509.

P. O. Address Liberty Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.