

STANDARD CERTIFICATE OF DEATH

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 1860

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution:
609 1/2 Linwood Boulevard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community 20 years,
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(d) Street No. 609 1/2 Linwood Blvd.,
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT

FULL NAME Arthur D. Griffin,
(b) If veteran, name war X (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th,
year 1941 hour 6:00 minute A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Esther Griffin 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased September 15 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 19 1941 that I last saw alive on 1941 and that death occurred on the date and hour stated above.
Immediate cause of death Heart

8. AGE: Years 61 Months 7 Days 28 If less than one day hr. min.

Due to Myocardial Infarction
Due to Sclerosis Cordis
Other conditions (include pregnancy within 3 months of death) 1/10

9. Birthplace New York, (City, town, or county) (State or foreign country)

10. Usual occupation Machinist,

11. Industry or business X

MOTHER FATHER { 12. Name William D. Griffin,
13. Birthplace New York,
14. Maiden name Evalina Gillette,
15. Birthplace New York,

Major findings: Of operations 1/10
Of autopsy 1/10
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Esther Griffin,

(b) Address 609 1/2 Linwood Blvd., K. C., Mo.

17. (a) Burial (b) Date thereof 5-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) May 12 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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 1/1

23. Signature Arthur D. Griffin (M. D. or other)

Address Kan Date signed

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

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.....

Willis V. Bennett....., Registered Apprentice No. *282*
working under my personal supervision.

Signed *Felix Benz*.....
Licensed Embalmer No. *H127*
P. O. Address *Kansas City, 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.