

Registration District No. 397

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
Residence 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 yrs (Specify whether  
In this community 3 yrs years, months or days)

3. (a) PRINT FULL NAME John Preston Griffin

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

4. Sex Male (M) 5. Color or race white 6. (a) Single, widowed, married, divorced Wid  
6. (b) Name of husband or wife Nancy Griffin 6. (c) Age of husband or wife if alive dead years  
7. Birth date of deceased May 10 - 1852 (Month) (Day) (Year)

8. AGE: Years 89 Months 0 Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Jasper Griffin  
13. Birthplace Knoxville, Tenn (City, town, or county) (State or foreign country)  
14. Maiden name Cecelia Martin  
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. B. Livingston

(b) Address 2930 Park - N.E. Mo.

17. (a) Chapel, Ill. (b) Date thereof 5-18-41 (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel, Illinois

18. (a) Signature of funeral director R. W. B. ...

(b) Address ...

19. (a) May 18, 1941 (b) M. M. Crow (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48  
(c) City or town Kansas City 5 (If outside city or town limits, write "RURAL")  
(d) Street No. 2930 Park 5 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 - year 1941 hour 11:20 AM minute M.

21. I hereby certify that I attended the deceased from Sept 15 1940 to May 18 1941 and that death occurred on the date and hour stated above.  
that I last saw him alive on May 17 1941

Immediate cause of death Pulmonary Edema 3 days

Due to Chronic Myocarditis 1 yr.

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations - Of autopsy -

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) -  
(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) (e) Means of injury

23. Signature J. H. Wakefield (M. D. or other) M.D.  
Address 1103 Grand Date signed May 18, 1941

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

Handwritten notes on left margin

18. 1941

Dr. T. W. Wakefield  
3227 Park

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 MB

Registered Apprentice No. 3377

working under my personal supervision.

Signed

R. A. Brauning

Licensed Embalmer No. 3377

P. O. Address

Leeton, 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, fact should be so stated above.