

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FIMED OCT 13 1941
Registration District No. 395

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30554
State File No. _____
Registrar's No. 3311

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month 24 Days
(Specify whether
In this community 2 1/2 Years 0
years, months or days)

3. (a) PRINT FULL NAME Mr. William J. Griffith
3. (b) If veteran, name war No
3. (c) Social Security No. 7140-35-13

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Gladys Griffith
6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased: October 21 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 10 13 0 hr. 0 min.

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

10. Usual occupation Superintendent-K.C. Division

11. Industry or business American Railways Express Agency

12. Name Francis M. Griffith

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

14. Maiden name Josephine Shady

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

16. (a) Informant Mrs. W. J. Griffith
(b) Address 113 East 69th St. Terrace

17. (a) Removal (b) Date thereof Sept. 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vevay, Indiana

18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 Brush-Creek Blvd

19. (a) 9/4/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 113 East 69th Street Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --- 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd
year 1941 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from July
first 1941 to Sept 3 1941
that I last saw him alive on Sept 2
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins Disease - terminal anemia and circulatory failure
Duration 5 1/2 yrs
Due to failure 10 days

Due to 44 B
Other conditions 44 R
(Include pregnancy within 3 months of death)

Major findings: Hodgkins Disease
Anemia - Bilobation of heart
Of operations: _____
Of autopsy: _____
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 Joseph G. Welker (M. D. or other) 0
Address 836 Prof Bldg Date signed 9/3/41

(Licensed Embalmer's Statement on Reverse Side) Kansas City Mo.

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

MOTHER FATHER

18
3
8

111C

10/20/10
10/20/10
10/20/10
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10/20/10

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.....

[Handwritten signature]....., Registered Apprentice No.....
working under my personal supervision.

Signed *[Handwritten signature: H.C. Newcomer Jr.]*

Licensed Embalmer No. *4043*

P. O. Address *K.C. 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.