

FILED MAR 9 1942 399

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 488

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:
3029 Walrond Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital for institution -----
(Specify whether
in this community 23 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3029 Walrond Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Julia Frances Mann Griffith

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Chelcie C. Griffith 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased June 9 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 23 hr. min.

9. Birthplace Bracken County / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER { 12. Name Christopher Mann
13. Birthplace Bracken County Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Laura Wallingford
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert Lindsay
(b) Address 717 W. Osage Street, Kans.

17. (a) Burial (b) Date thereof Feb. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Westland Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 2/4/42 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-2-42 hour 5:40 P. minute --- M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19--- and that death occurred on the date and hour stated above.

Immediate cause of death Death by strangulation
Due to Strangery 10 for
Due to ---

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) Suicide
(b) Date of occurrence 2-2-42
(c) Where did injury occur? ICC, Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work (Specify type of place) (e) Means of injury ---
23. Signature James J. Jones (M. D. or other)
Address CC Mo 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Emile M. Colborn

Licensed Embalmer No. 3506

P. O. Address Ke 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.