

FILED DEC 28 1942  
1949

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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

**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 **General Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **6 Days**  
(Specify whether years, months or days)  
 In this community **53 Yrs.**

**3. (a) PRINT FULL NAME** **Albert Walter Griggs**

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

**4. Sex** **male** **5. Color or race** **Wh.** **6. (a) Single, widowed, married, divorced** **Wid.**

**6. (b) Name of husband or wife** **Lillian Griggs** **6. (c) Age of husband or wife if alive** **23** **years**

**7. Birth date of deceased** **Sept. 23 1889**  
(Month) (Day) (Year)

**8. AGE:** Years **53** Months **2** Days **29** **If less than one day** hr. min.

**9. Birthplace** **Kansas City Mo.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Bunglow lunch co.**

**11. Industry or business** **retired**

**12. Name** **Geo. O. Griggs**

**13. Birthplace** **Michigan**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Katherine Marshall**

**15. Birthplace** **Hancock Co. Ind.**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Harry Pierce**

**(b) Address** **2462 Lister K.C.Mo.**

**17. (a) Burial** **(b) Date thereof** **Dec. 16-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Forest Hill**

**(a) Signature of funeral director** **Eylar Funeral Home**

**(b) Address** **1800 Linwood Blvd.**

**19. (a) 12-14-42 (b) M. M. Brown**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2609 Lawn**  
(If rural, give location)  
 (e) Citizen of foreign country? **(Yes or No)**  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH, Month** **Dec.** **day** **14**  
**year** **1942** **hour** \_\_\_\_\_ **minute** \_\_\_\_\_ **M.**

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_ **19** **to** \_\_\_\_\_ **19**;  
 that I last saw him **Deputy Coroner** \_\_\_\_\_ **19**;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death**  
**Emphysema of liver with fatal hemorrhage into stomach.**

**Due to** **Fractured leg.**

**Other conditions** **1860**  
(Include pregnancy within 3 months of death)

**Major findings:** **39**  
 Of operations \_\_\_\_\_

**Of autopsy** **See above.**

**22. If death was due to external causes, fill in the following:**

**(a) Accident, suicide, or homicide (specify)** **acc 123**

**(b) Date of occurrence** **12-7-1942**

**(c) Where did injury occur?** **K. C. Jackson Mo**  
(City or town) (County) (State)

**(d) Did injury occur in or about home, on farm, in industrial place, in public place?** **Public Place**

**While at work** \_\_\_\_\_ **(Specify type of place)**  
**(e) Means of injury** **Fall**

**23. Signature** **A. E. Upsher M.D.** **(M. D. or other)**

**Address** **234 Mc Coy** **Date signed** **12/14/42**

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**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.....

*Chas Wilks*

Licensed Embalmer No. *2644*

P. O. Address *1800 Linn*

**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.**