V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9091

FILED MAR 31 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1482

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: 1816 1/2 Vine Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community) years, months or days): Fifteen-years

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.: 1816 1/2 Vine Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: ~~Olivia~~ Olivia Griffins

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: Negro

6. (a) ~~Single, widowed, married, divorced~~: Yes

6. (b) Name of husband or wife: Unknown

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Sept. (Month) 23 (Day) 1893 (Year)

8. AGE: Years ~~50 50 49~~ 49; Months 6; Days 0; If less than one day: hr. min.

9. Birthplace: Shreveport (City, town, or county) Louisiana (State or foreign country)

10. Usual occupation: Unknown

11. Industry or business:

MOTHER FATHER

12. Name: Henry Howard

13. Birthplace: Nashville, Tenn. (City, town, or county) (State or foreign country)

14. Maiden name: Nessie Pitts

15. Birthplace: Shreveport, La. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Hamilton
(b) Address: Dallas, Texas

17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: March 27 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Ridge Lawn

18. (a) Signature of funeral director: A. M. Hudson
(b) Address: 1513 Troost, Ave.

19. (a) 3-27-43 (Date received local registrar) (b) M. M. Crowell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar day: 23 year: 1943 hour: 1:45 minute: P. M.

21. I hereby certify that I attended the deceased from: Deputy Coroner 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis of Liver

Due to: Acute Nephritis

Due to:

Other conditions (Include pregnancy within 3 months of death): 1748

Duration

Major findings:
Of operations:
Of autopsy: yes

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? (Specify type of place)
While at work?
(e) Means of injury:

23. Signature: H. T. Richardson (M. D. or other)
Address: 1832 Vine Date signed: 3-26-43

761 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.