

FILED DEC 22 1943
 Registration District No. **179**

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**
In Ambulance on way to Hospital in City Limits
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **30 Yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson** **48**
 (c) City or town **Independence** **4**
(If outside city or town limits, write "RURAL")
 (d) Street No. **39 & Chrysler** **4**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Hazel Alice Griffith**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **E. E. Griffith** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 13 1886**
(Month) (Day) (Year)

8. AGE: Years **57** Months **5** Days **23** If less than one day _____ hr. _____ min.

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

10. Usual occupation **House work**

11. Industry or business _____

12. Name **J. H. Davis**

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

14. Maiden name **Mattie Hook**

15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs O. W. Nichols**

(b) Address **Holden Missouri**

17. (a) **Burial** (b) Date thereof **Nov. 9 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Mrs C. L. Forster**

(b) Address **918 Brooklyn**

19. (a) **12-8-43** (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **6**
 year **1943** hour **11** minute **30 P.** M.

21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him **alive** on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Pulmonary Congestion**
Granuloma of Lungs
 Due to _____
 Due to _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **105!**
 Of operations _____
 Of autopsy **See Above**

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? _____

23. Signature **D. E. Brown** (M. D. or other) **M. D.**
 Address **22 McElroy** Date signed **11/7/43**

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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 *Denzil B. Browning*
Licensed Embalmer No. 4724
P. O. Address *K. C. 208*

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.