

FILED FEB 3 1944  
1949

State File No. 279  
Registrar's No.

Registration District No. 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:  
3023 Montgall  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
In this community 50 years, (Specify whether 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. 3023 Montgall  
(If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Sarah Belle Griffith

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

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

6. (b) Name of husband or wife Jacob R. Griffith 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased April 3 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 2 12 hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name James E. Stevenson  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Hannah Hoover  
15. Birthplace 3023 Montgall, Kansas City, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jacob R. Griffith  
(b) Address 3023 Montgall, Kansas City, Mo.

17. (a) Burial (b) Date thereof 1-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flora's Home Cem.

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Jan 18, 1944 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15  
year 1944 hour 1:30 minute 0 a. M.

21. I hereby certify that I attended the deceased from Oct 1942 to Jan 15, 1944  
that I last saw him alive on 1-15-44  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease Duration 3 yrs

Due to arteriosclerosis

Due to arteriosclerosis

Other conditions (include pregnancy within 3 months of death) gyno

Major findings: Of operations no PHYSICIAN

Of autopsy no 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 0

23. Signature Henry J. Finner (M. D. or other) \_\_\_\_\_  
Address Flora's Home Cem Date signed 1-17-44

Dr. Harry Jones.

*By and for B. Jones*

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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.....

*John G. L. L. L. L.*

Licensed Embalmer No. *4050*

P. O. Address. *Kansas City 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.