V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6090

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 723

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 # 20 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution a few Hours (Specify whether years, months or days)

In this community About Six Months

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8

(d) Street No. 1411 Highland (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry Griffin

3. (b) If veteran, name war World War #1

3. (c) Social Security No. # unknown

4. Sex Male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife ~~Abor~~ unknown

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

7. Birth date of deceased About (Month) 1888 (Day) (Year)

8. AGE: About 56 Years | Months — | Days — | If less than one day hr. min.

9. Birthplace Jackson County Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name George Griffin
13. Birthplace Dont Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Judie Chism

(b) Address 1417 Woodland Ave

17. (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof 2-15-44 (Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth, Kans.

18. (a) Signature of funeral director West, Appleton & Jones

(b) Address 1905 Vine St.

19. (a) 2-14-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4 year 1944 hour 2 minute 10 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 Acute Dilatation of Heart

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 95c 4

Major findings: Of operations

Of autopsy Insp-History

Duration

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 0

23. Signature L. P. Richardson (M.D. or other)

Address 1832 Vine Date signed 2-12-44

(Licensed Embalmer's Statement on Reverse Side)

APR 10 1949

JUN 19 1944

MAR 6 1944

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 C. H. Kest

Licensed Embalmer No. 2710

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.