

S. No. 2  
4-13-40  
5-17-39  
P.I. X23159

23707

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENTRAL

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 14 1944

Registration District No. 149

Primary Registration District No. 1202

Registrar's No. 3176

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

4838

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 Kansas City Convalescent Home  
(If not in hospital institution, write street number or location)  
 (d) Length of stay: In hospital or institution 18 days  
(Specify whether  
 In this community crippin 18 days  
years, months or days)

3. (a) PRINT FULL NAME Griffin, Mary ANN  
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex F 1. Color or race W 6. (a) Single, widowed, married 2 divorced Widowed  
 6. (b) Name of husband or wife John C. Griffin 6. (c) Age of husband or wife if alive 25 years  
 7. Birth date of deceased May 25 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business  
 12. Name Jesse Barr  
 13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Michaela Strickland  
 15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel C. Griffin  
 (b) Address Kearney, Mo.  
 17. (a) Burial (b) Date thereof Aug 4 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Kearney, Mo.

18. (a) Signature of funeral director Leonard Fry  
 (b) Address Kearney, Mo.  
 19. (a) 8-3-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Clay 24  
 (c) City or town Kearney (Rural)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. ....  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3<sup>rd</sup>  
 year 1944 hour 12<sup>30</sup> minute 0 M.  
 21. I hereby certify that I attended the deceased from 7-14-44  
 \_\_\_\_\_, 19\_\_\_\_, to 8-3-44, 19\_\_\_\_;  
 that I last saw h. et alive on 8-3-44, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
 Due to Arteriosclerosis  
 Due to 97  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 M. Lawrence (M. D. or other)  
 Address 3300 N. 1st St. Date signed 8-3-44

