

S. No. 2  
DM-543  
v. 5-17-39  
P. 1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19516

State File No.

2506

FILED JUN 29 1945  
Registration District No. 749

Primary Registration District No. 1002

Registrar's No.

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:  
Kansas City General Hospital (1)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 5 days  
35 years (Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME... Mary Letitia Griffin

3. (b) If veteran, name war... XX

3. (c) Social Security No... No

4. Sex... F / 1 race... W

5. Color or race... W

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

6. (b) Name of husband or wife... Charles Griffin

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

7. Birth date of deceased... September 15 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 8 25 hr. min.

9. Birthplace... Union Star Ky- 1  
(City, town, or county) (State or foreign country)

10. Usual occupation... At Home

11. Industry or business

MOTHER FATHER

12. Name... David Cunningham

13. Birthplace... No Record  
(City, town, or county) (State or foreign country)

14. Maiden name... Sarah Rollins  
(City, town, or county) (State or foreign country)

15. Birthplace... No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Betty Miller

(b) Address... 346 Cypress

17. (a) Burial (b) Date thereof... 6-13-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Floral Hills

18. (a) Signature of funeral director... J.W. Wagner  
(b) Address... Kansas City, Mo.

19. (a) 6-13-45 (b) Geraldine Helmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson 48

(c) City or town... Kansas City 3

(d) Street No... 1308 Benton Blvd. 7  
(If outside city or town limits, write "RURAL")  
(If rural, give location)

(e) Citizen of foreign country? No (2) (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th  
year 1945 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from  
Pathologist, 19... to 19...  
that I last saw... alive on... 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death... liver abscess Duration

Due to... Portal phlebitis

Due to... Acute suppurative appendicitis

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations... 12:2

Of autopsy... yes - see above

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?

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

23. Signature... Date signed 6-10-45

**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 Cecil R. Mattles

Licensed Embalmer No. 3807

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.**