V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 15 1945

State File No. 37440

Registration District No. 147 Primary Registration District No. 5569 Registrar's No. 215

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Raytown [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RR 3 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. RR 3
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME John J. Griffin

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

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

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. Edith Griffin

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov. I4 I872
(Month) (Day) (Year)

8. AGE: Years 72 Months II Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Co Cork 9 Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation None Retired.

11. Industry or business .....

FATHER
12. Name John Griffin
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Sullivan
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Luther Griffin
(b) Address 2120 Offutt Lane

17. (a) Burial (b) Date thereof II-I0-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem

18. (a) Signature of funeral director Simmons
(b) Address K. C. Kas.

19. (a) 11-9-45 (b) Mildred Garvin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 45 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from DEC. 22, 1945, to 10-8-45, 19..;
that I last saw him alive on NOV 7, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF LIVER — Duration 3 MO

Due to CARCINOMA OF LIVER

Due to .....

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 [illegible] (M. D. or other)
Address Raytown MO Date signed 11-9-45

1159 (Licensed Embalmer's Statement on Reverse Side)

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 H. H. Simmons

Licensed Embalmer No. 1328

P. O. Address 76 Q Ko

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.