

FILED JAN 13 1947

Registration District No.

Primary Registration District No. 1002

Registrar's No.

5468

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 NO. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 HR. 15 MINS.
 (Specify whether years, months or days) 33 YRS.

3. (a) PRINT FULL NAME BESSIE GRIFFIN3. (b) If veteran, name war NO 3. (c) Social Security No. Unk.4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced, WIDOWED6. (b) Name of husband or wife James Griffin 6. (c) Age of husband or wife if alive years7. Birth date of deceased October 16, 1895
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
51 2 13 hr. min.9. Birthplace ARGENTINE KANSAS
(City, town, or county) (State or foreign country)10. Usual occupation HOUSEKEEPER

11. Industry or business

12. Name BENJAMIN JONES13. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)14. Maiden name ELLEN ANDERSON15. Birthplace WAVERLY MISSOURI
(City, town, or county) (State or foreign country)16. (a) Informant ELIZABETH HAMILTON (SISTER)(b) Address 2445 PASEO17. (a) Burial (b) Date thereof 12/31/46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Maple Hill Cemetery18. (a) Signature of funeral director Watkins Bros.(b) Address 1729 Lydia Avenue19. (a) 12-30-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 1518 E. 24th ST. TERRACE
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 29,
year 1946 hour 3: minute 25 P. M.21. I hereby certify that I attended the deceased from DECEMBER
29, 1946, to DECEMBER 29, 1946;
that I last saw hER alive on DECEMBER 29, 1946;
and that death occurred on the date and hour stated above.Immediate cause of death CEREBRAL VASCULAR
ACCIDENTDue to HYPERTENSIVE HEART DISEASE

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations Of autopsy

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)
(a) Means of injury 23. Signature (M. D. or other) M.D.Address GENERAL HOSPITAL NO. 2 Date signed 12/30/46

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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... *J. Jerome Medlowe*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highla*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.