

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED JAN 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40968

State File No.

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 409

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (Fairmount Sta.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
204 So. Hawthorne
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (Fairmount Sta.)
(If outside city or town limits, write "RURAL")

(d) Street No. 204 So. Hawthorne
(If rural, give location)

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

3. (a) PRINT FULL NAME CHARLES C. GIFFIN

3. (b) If veteran, name war xx

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Jennie Gertrude

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased December 5 1871
(Month) (Day) (Year)

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

75 0 2 hr. min.

9. Birthplace Macon County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business

12. Name James Giffin

13. Birthplace unknown Indiana
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jennie G. Giffin

(b) Address 204 So. Hawthorne

17. (a) burial (b) Date thereof 12-9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director BENTLEY MORTUARY
5811 Troost

(b) Address

19. (a) 12-27-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 3 P.M. Dec. 7, 1946 to 9 P.M. Dec. 7, 1946
that I last saw him alive on Dec. 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) A. H. Kosterel MD

Major findings: Of operations

Of autopsy 94A

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)

(c) Means of injury

23. Signature A. H. Kosterel MD (M. D. or other) MD
Address 138 N. Van Buren Date signed 12-9-46

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.....

Henry Buffington

Licensed Embalmer No. 2756

P. O. Address K.C. 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.