

Registration District No. 149

Primary Registration District No. 1002

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:  
3807 Paseo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 25 years (Specify whether years, months or days)

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. 3807 Paseo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19  
year 1947 hour 12 minute 12 P. M.

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

Immediate cause of death  
Coronary Insufficiency  
Due to arteriosclerosis

Duration

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 95C  
Of autopsy no  
Heart & Lung

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? 2

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury 2

23. Signature James Wilks (M. D. or other) am  
Address 1424 Oak Hill Date signed 1-20-47

3. (a) PRINT FULL NAME CHARLES E. GRIFFEE

3. (b) If veteran, name war No 3. (c) Social Security No. 486-10-1304

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Eva M. Griffiee (Deceased) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 12 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>3</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Meat Cutter

11. Industry or business Safeway store

12. Name William H. Griffiee

13. Birthplace Trenton, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Cornelia Harding

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

16. (a) Informant Gordon D. Griffiee

(b) Address 3807 Paseo

17. (a) Burial (b) Date thereof Jan 22, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K, C. 3 Mo

19. (a) 1-21-47 (b) Thelma Holmes  
(Date received local Registrar) (Registrar's signature)

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

MOTHER FATHER

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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 Chas E Wilks  
Licensed Embalmer No. 2614  
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.**