

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 4927

Registration District No.

Primary Registration District No. 1002

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: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 WEEKS
(Specify whether years, months or days)

In this community 19 YEARS

3: (a) PRINT FULL NAME MR. CHARLES PORTER GRIFFITH

3: (b) If veteran, name war No

3: (c) Social Security No. 486-05-0857

4. Sex MALE 5. Color or race WHITE

6: (a) Single, widowed, married, divorced MARRIED

6: (b) Name of husband or wife VENITA

6: (c) Age of husband or wife if alive 46 years

7. Birth date of deceased AUGUST - 14 - 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>3</u>	<u>15</u>	hr. min.

9. Birthplace CHARLOTTE N. CAROLINA
(City, town, or county) (State or foreign country)

10. Usual occupation SUPT. AND BUSINESS MGR

11. Industry or business CALIFORNIA RESTAURANTS INC

12. Name of father WILLIAM ALEXANDER GRIFFITH

13. Birthplace of father CHARLOTTE N. CAROLINA
(City, town, or county) (State or foreign country)

14. Maiden name of mother ANTOINETTE JOHN. PORTER

15. Birthplace of mother CHARLOTTE N. CAROLINA
(City, town, or county) (State or foreign country)

16: (a) Informant Mrs. Venita E. Griffith

16: (b) Address 2016 Linwood Blvd

17: (a) Burial (b) Date thereof Dec 2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem.

18: (a) Signature of funeral director D. H. Newsome's Sons

18: (b) Address 1401 BRUSH CREEK BLVD.

19: (a) 12-2-48 (b) Steraldine 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. 2016 LINWOOD BLVD
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Monday NOVEMBER day 29TH
year 1948 hour 4:05 minute P. M.

21. I hereby certify that I attended the deceased from October 25
1948 to November 29, 1948
that I last saw him alive on November 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis Duration

Due to Branchogenic Carcinoma 1 yr

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: H.T.C.

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:

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?

A. E. Derrington (Specify type of place) 1
While at work? (e) Means of injury

23. Signature A. E. Derrington (M. D. or other)
Address 5833 Reed Road Date signed 11/30/48

5733 MISSOURI

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 Robert Ray

Licensed Embalmer No. 4182

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.