

FILED JUL 17 1953

## STANDARD CERTIFICATE OF DEATH

24824

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3246</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>2645 Chestnut</u>				e. STREET ADDRESS (If rural, give location) <u>2645 Chestnut 3378</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Essie L.</u> b. (Middle) <u>Griffith</u> c. (Last) <u>Griffith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1953</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 18, 1900</u>	
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during month of working life, even if retired) <u>maid - Holly Wood Dress Shop</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Royal Oak Detroit - Franklin Co Georgia - U.S.A.</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Detroit - Franklin Co Georgia - U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jordan Montgomery</u>		13b. MOTHER'S MAIDEN NAME <u>Janie Little</u>	
14. NAME OF HUSBAND OR WIFE <u>Will Griffith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>374-24-6559</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Will Griffith - 2645 Chestnut K.C. Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular disease</u>  ANTECEDENT CAUSES DUE TO (b) <u>Hypertention</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  - DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 mo.</u>  <u>2 yrs</u>  <u>4 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>---</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-1-</u> , 19 <u>53</u> , to <u>6-23-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-23-</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. A. Love</u>				23b. ADDRESS <u>Wm. A. Love MD. 1820 - 7 - 3rd St.</u>		23c. DATE SIGNED <u>6-25-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 29, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-26-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Adkins Bros. F. Harro</u>		ADDRESS <u>K.C. Mo.</u>	

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

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *C. Kenneth Kerfoot*.....

Licensed Embalmer No. *4457*.....

P. O. Address *J. C. Moore*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.