FILED FEB 26 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1456

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 441

1. PLACE OF DEATH:

(a) County Jackson 2

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

(c) Name of hospital or institution: 3837 Garfield Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 51 Years
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. 3837 Garfield Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lillian Dud Griggs

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Albert W. Griggs

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Oct (Month) 8 (Day) 1888 (Year)

8. AGE: Years 51 Months 3 Days 21 If less than one day hr. min.

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

10. Usual occupation House-wife

11. Industry or business

FATHER
12. Name George Withrow
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Albert W. Griggs

(b) Address 3837 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 31-40 (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Hill

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

(b) Address 4306 Mill-creek Blvd

19. (a) Jan. 30, 1940 (Date received local registrar) N. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1940 hour 8 minute AM M.

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

Deputy Coroner

Immediate cause of death Carcinoma of the duodenum

Due to c̄ metastasis to the liver

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work (e) Means of injury

361

23. Signature Arthur W. Fuhrter (M. D. or other)

Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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 H C Bergman

Licensed Embalmer No. 2041

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, above space should be left blank.