

S. No. 2
DM-542
v. 5-17-39
X32873

32752

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 24 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3267

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

48
88
66

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: H.C. General Hospital No. 10
(d) Length of stay: In hospital or institution 2 days
In this community 2 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 504 West 18th St.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Griffith Infant
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct, day 13th
year 1942 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from 10-11-42 to 10-13-42
that I last saw her alive on 10-13-42
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 11th 1942
(Month) (Day) (Year)

Immediate cause of death Prematurity
Due to 159
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy None

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

9. Birthplace K.C. Missouri
10. Usual occupation Infant
11. Industry or business _____
12. Name Charles Griffith
13. Birthplace Kansas
14. Maiden name Wolba Kriesner
15. Birthplace Kansas

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? CK

16. (a) Informant Chas. Griffith
(b) Address 504 W 18th St. K.C., Mo.
(c) Removal (b) Date thereof 10/13/42
(c) Place: burial or cremation Maple Hill Cem.
18. (a) Signature of funeral director Simmons G. None
(b) Address 1404 So 37th K.C., Mo.
19. (a) 10-13-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) _____ Means of injury _____
23. Signature Quincy R. Hoover (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

367

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.....

Licensed Embalmer No.....

P. O. Address.....

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.