

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4597

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
(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number, or location)
(d) Length of stay: In hospital or institution 9 Days
In this community 18 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
Kansas City
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 19 East Concord Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAVIS BRYSON GRISWOLD
3. (b) If veteran, name war No
3. (c) Social Security No. 453-01-3412

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 1st
year 1946 hour 11:15 minute A. M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Kate R. Griswold
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased January 16, 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 22, 1946 to Nov 1, 1946
that I last saw him alive on Nov 1
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

8. AGE: Years 57 Months 9 Days 15
If less than one day _____ hr. _____ min.

Coronary occlusion with anterior infarction
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 9/42
Of autopsy as above

9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation Branch Manager

11. Industry or business American Indemnity Co. Galveston

MOTHER FATHER
12. Name Hamilton Griswold
13. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Wyatt
15. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate R. Griswold
(b) Address 19 East Concord Street

17. (a) Cremation (b) Date thereof 11-4-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 11-1-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place)
(c) Means of injury 400
Signature Geraldine Holmes (M.D. or other)
Address 4120 W. 12th St. Date signed 11-1-46

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

