

**FILED** SEP 16 1947  
Registration District No. **19479**

Primary Registration District No. **1002**

Registrar's No. **2775**

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:  
**2839 BALES AVENUE**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **50 YEARS**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **MR. ALBERT O. GIEFFIN**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **MRS. MARTHA ELLEN GIEFFIN** 6. (c) Age of husband or wife if alive **68** years  
7. Birth date of deceased **DECEMBER 1 1874**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>72</b>	<b>9</b>	<b>2</b>	hr. min.

9. Birthplace **CHARLESTON ILLINOIS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business

MOTHER FATHER  
12. Name **SYLVESTER GIEFFIN** 9  
13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **HARRIET DODGE** 9  
15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Marttha Ellen Gieffin**

(b) Address **2839 Bales**

17. (a) **BURIAL** (b) Date thereof **9-5-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ELMWOOD CEMETERY**

18. (a) Signature of funeral director **W. Newcomer, Son**

(b) Address **1401 BRUSH CREEK BLYD**

19. (a) **9-4-47** (b) **Alfredine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON** 48  
(c) City or town **KANSAS CITY** 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2839 BALES AVENUE** 8  
(If rural, give location) 0  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPTEMBER** Day **3<sup>RD</sup>**  
year **1947** hour **6** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Nov 2**, 19**46** to **Sept 3**, 19**47**  
that I last saw him alive on **Aug 30**, 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis Constantly**  
Due to **Coronary vascular disease** 140  
**Chronic myocarditis** 2400  
**Arteriosclerosis** 5470

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: **930**  
Of operations  
Of autopsy

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  
23. Signature **Allen L. Hearst** (M. D. or other) **9347**  
Address **1100 Prof. Bldg** Date signed

12-4:30  
[Handwritten signature]

---

---

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 Melvin Miller  
Licensed Embalmer No. 4407  
P. O. Address K. C. 3 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.