No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1948

Registration District No. 799

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1101

Registrar's No. 195

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: General Hospital #1 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 2 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson 48

(c) City or town: Kansas City, Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 1231 Washington St. 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: TIBB GRIFFITH

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: May (Month) 30 (Day), 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
76	7	13	hr. min.

9. Birthplace: Shelbyville, (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation: Retired Farmer

11. Industry or business: Him Self

FATHER
12. Name: John P. Griffith
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant: Raymond Bailey
(b) Address: R.R.1 Muncie, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Shelbyville, Mo.

18. (a) Signature of funeral director: Eckermacht FUNERAL HOME
(b) Address: 1900 Central Ave. K.C.Kansas

19. (a) 1-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13 year 1948 hour 3:00 P.M. minute M.

21. I hereby certify that I attended the deceased from Jan. 10, 1948 to Jan. 13, 1948; that I last saw him alive on 1-13, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	
C. V. A.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 13 a
Of autopsy: None

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)
(e) Means of injury: 0

23. Signature: Wm. W. Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 1-14-48

(Licensed Embalmer's Statement on Reverse Side)

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, ~~under~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Harold E. Eckternacht

Licensed Embalmer No. 3035

P. O. Address 1900 Central Av

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. Kansas City 2, Kans