

FILED NOV 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37650

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4712

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. (If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>39 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>27 3/4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1640 Norton Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>1640 Norton Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCINDA</u> b. (Middle) <u>Pryor</u> c. (Last) <u>WATROUS.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31 51</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>7/7/1854.</u>		9. AGE (In years last birthday) <u>97</u> IF UNDER 1 YEAR: Days <u>3</u> Hours <u>24</u> IF UNDER 4 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pravie County Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo. U.S.</u>

13a. FATHER'S NAME <u>Booster Griffith</u>	13b. MOTHER'S MAIDEN NAME <u>Isabella Griffith</u>	14. NAME OF HUSBAND OR WIFE <u>James</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl Officer</u>	ADDRESS <u>1640 Norton</u>
---	--	--	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident</u>  ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive cardio-vascular disease</u> DUE TO (c) <u>Adenocarcinoma of rectum</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Rectal hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>Several years</u> <u>443 1/4</u> <u>1 year?</u> <u>2 days</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1951 to Oct. 31, 1951, that I last saw the deceased alive on May 26, 1951, and that death occurred at 5:15 P.M. on the causes and on the date stated above.

23a. SIGNATURE <u>Raymond B. Morrow, M.D.</u>	23b. ADDRESS <u>1103 Grand, N.C. 6, Mo.</u>	23c. DATE SIGNED <u>11/2/51</u>
--	--	------------------------------------

24a. HOSPITAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11/6/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City</u>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>11-5-51</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. H. B. Moore</u>	ADDRESS <u>1820 E. 18th St.</u>
--	---	---	------------------------------------

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Laurence A. Jones*.....

Licensed Embalmer No. *44*.....

P. O. Address *1820 East 18*.....

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.

K.