U.S. No. 300
REV. 10-48

FILED DEC 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41964

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 177

1. PLACE OF DEATH
a. COUNTY Jackson 0480 5
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Prairie Twp
c. LENGTH OF STAY (in this place) 1 Yr. 7 MTH. 28 D
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jackson County Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson 2128
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 533 Main St

3. NAME OF DECEASED (Type or Print)
a. (First) HENRY
b. (Middle) GRIFFETH
c. (Last) WALL

4. DATE OF DEATH (Month) 11 (Day) 26 (Year) 1951

5. SEX M O
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S O
8. DATE OF BIRTH 7-22-1874
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Maine
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Jackson Co. Home, Rt. #4 Indep. Mo. — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative heart disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4221
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 8, 1950, *to* November 26 1951, *that I last saw the deceased alive on* November 26 1951, *and that death occurred at* 8:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE W. H. Hudson (Degree or title) Mgr. O
23b. ADDRESS Nat'l Bank Bldg Independence Mo
23c. DATE SIGNED 11/26/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical
24b. DATE Nov. 29, 1951
24c. NAME OF CEMETERY OR CREMATORY Kansas City College
24d. LOCATION (City, town, or county) (State) of Osteopathic S. K.C.Mo.

DATE REC'D BY LOCAL REG. 11/30/51
REGISTRAR'S SIGNATURE Donald C. Earnshaw 378
25. FUNERAL DIRECTOR'S SIGNATURE Langsford Funeral Home Lee's Summit — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 1 7 RECD

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 N B Langford

Signed.....
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lis Summit

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.