

FILED AUG 29 1956

STANDARD CERTIFICATE OF DEATH

26913

STATE FILE NUMBER

3354

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Queen of World</b>			Length of stay in 1b <b>54yrs</b>		d. STREET ADDRESS (If outside, give location) <b>1325 Penn</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Myrtle G. Griffin</b>				4. DATE OF DEATH <b>July 31, 1956</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 20, 1878</b>		9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Hiawatha, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>E.P. Pennell</b>				14. MOTHER'S MAIDEN NAME <b>Jennie Taylor</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT <b>William E Griffin 4325 Penn</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute pulmonary edema</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>chronic pneumonia terminal</b>						<b>2 wks.</b>	
DUE TO (c) <b>arteriosclerosis 4500</b>						<b>5 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>7/24/56</b> to <b>7/31/56</b> and last saw her alive on <b>7/30/56</b> Death occurred at <b>12:05 pm 7/31/56</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Stanley L. Goldman M.D.</b>				22b. ADDRESS <b>13006 Buquet Blvd. Kansas City</b>		22c. DATE SIGNED <b>8/2/56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>Aug 3, 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hills</b>		23d. LOCATION (City, town, county) (State) <b>Lawrence, Kansas</b>		
24. FUNERAL DIRECTOR <b>Watkins Bros. 18th &amp; Benton</b>				25. DATE RECD. BY LOCAL REG. <b>8-2-56</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	

7th  
1-3262

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Bruce P. Watkins* .....

Licensed Embalmer No. *450*

P. O. Address *18th Ontario*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.