REC'D APR 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10087
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township Washington
(c) City St. Joseph, Mo.
Registration District No. 1001 85
Primary Registration District No.
Registered No. 242
(d) Street No. St. Joseph's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ruth Margaret Greenlee
(a) Residence, No. 821 Hickory St St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eugene Greenlee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 23, 1921
7. AGE: Years 17 | Months 11 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo. 0

FATHER
13. NAME: Wilbur Brincker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 0

MOTHER
15. MAIDEN NAME: Alice Albertson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Agency, Mo.

17. INFORMANT (ADDRESS): Alice Brincker, 821 Hickory

18. BURIAL, CREMATION, OR REMOVAL
PLACE Agency, Mo. DATE March 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Barry-Wylie Funeral Home, 218 South 10th

20. FILED 3/11, 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2 March, 1939, to 9 March, 1939
I last saw her alive on Mar. 8, 1939. Death is said to have occurred on the date stated above, at 12:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Infection	
14 5 d	

Other contributory causes of importance:
Manual Removal of Placenta (In the home, by another doctor)

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical. Was there an autopsy? Refused

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Winston T. Stacy, M. D.
(Address) Kirkpatrick Bldg. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2-3329

MAY 7 1946

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, D. E. Ryan

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed D. E. Ryan

Licensed Embalmer No. 3613

P. O. Address St. Joseph, 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, above space should be left blank.