330

REC'D JUL 10 1939

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

20995
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township K.C.
(c) City Mo.
Registration District No. 399
Primary Registration District No. 1007
Registered No. 2263
(d) Street No. St. Joseph Hosp. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clemintine P. Greenwood (Clemintine P Greenwood)
(a) Residence, No. 2628 69 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 Fa
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Greenwood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1859
7. AGE Years 79 Months 7 Days 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Mo

FATHER
13. NAME John Fry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Jane Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT L R Booker
(ADDRESS) 3628 E. 9th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cabool Mo DATE June 1st, 1939

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster
(ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED 6/1, 1939 M. M. Crome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1939, to May 31, 1939
I last saw h... alive on May 31, 1939. Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset May 23-39
9 yrs

Other contributory causes of importance:
Terminal Bronchial Pneumonia, Bilateral — May 27-39

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

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?
If so, specify
(Signed) Joseph Conrad, M. D.
(Address) 1308 Waldheim Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

SOM-1-1938 I X14028

Walthermoor
Ha 5200

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 .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.