

OCT 18 1939

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

31587
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
(b) Township RAW Primary Registration District No. 100 Registered No. 3665
(c) City KANSAS CITY (d) Street No. 4422 MILL CREEK 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 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MR. CUVIER GREENE

(a) Residence, No. 4422 MILL CREEK St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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 MRS. MARGARET A. GREENE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 12 1867
7. AGE YEARS 72 MONTHS 2 DAYS 5 IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CONTRACTOR
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) JACKSON (STATE OR COUNTRY) TENNESSEE
13. NAME GALLEN E. GREENE
14. BIRTHPLACE (CITY OR TOWN) NEW HAMPSHIRE (STATE OR COUNTRY)
15. MAIDEN NAME MARTHA M^E RAE
16. BIRTHPLACE (CITY OR TOWN) JACKSON (STATE OR COUNTRY) TENNESSEE
17. INFORMANT MR. BARCLAY A. GREENE (ADDRESS) 6215 HIGH DRIVE
18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE 9-21-39
19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SONS (ADDRESS) 1401 BRUSH GREEN BLVD
20. FILED Sept 19 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 17 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1939, to Sept 17 1939
I last saw him alive on Sept 17 1939. Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
g.d.
Date of onset
Other contributory causes of importance:
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? no
If so, specify _____
(Signed) P. P. Pratt, M. D.
(Address) 1225 - 1/2 - 1/2 - 1/2

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.

1-5
Pratt's Body

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 George M. Collier

Licensed Embalmer No. 3839

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.