No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27555
3188

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kan. City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Vineyard Park (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 32 S. Valley (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Juanita E. Greer

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Fe
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Greer
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased April 22 (Month) (Day) 1921 (Year)

8. AGE: Years 19 Months 3 Days 28 If less than one day hr. min.

9. Birthplace Ottawa Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name William O. Marney
13. Birthplace Rothville (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Bessie Hayden
15. Birthplace Emporia (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Husband
(b) Address 32 S. Valley Kan. City Kan.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8 (Month) 11 (Day) 40 (Year)
(c) Place: burial or cremation Topeka Kansas
18. (a) Signature of funeral director Fairweather-Werner
(b) Address 18th Washington Blvd. Kan. City Kan.
19. (a) Aug. 11, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-11-40 day year hour minute 9 Am M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19 to , 19 ; that I last saw alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis

Due to Perforation of Oil Uterus by

Due to Instrumentation

Products of Conception in uterus

Other conditions (Include pregnancy within 3 months of death)

Duration

1450

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? Not Know (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 5

23. Signature Russell W. Kerr (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Roy E. Lucas

Licensed Embalmer No. 2560

P. O. Address 1807 East 29th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.