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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 20 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31717

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 248

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1425 S. Orange
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community About 20 years
years, months or days)

3. (a) PRINT FULL NAME Karl F. Greene.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Wilhemina Greene 6. (c) Age of husband or wife if alive XXXXXX years

7. Birth date of deceased 5 27 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Egestorf (Hanover) / Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Missionary

11. Industry or business Rear. Church of J. C. of L. D. S.

12. Name Karl Greene

13. Birthplace Egestorf (Hanover) / Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louise Mentze

15. Birthplace Weningson / Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Fred W. Greene
(b) Address 1465 S. 5th. East Salt Lake City Utah

17. (a) Burial (b) Date thereof 9-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Grove

18. (a) Signature of funeral director [Signature]

(b) Address 815 W. Maple Ave.

19. (a) Sept 20 41 (b) J. L. Cook m.o.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town 1425 S. Orange Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1425 S. Orange
(If rural, give location)
(e) If foreign born, how long in U. S. A. 38 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17
year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Myocardium
Rupture of the aorta & dissecting aneurysm and rupture into pericardial sac
Other conditions (Include pregnancy within 3 months of death)
Major findings: Ger 908
Of operations _____
Of autopsy _____

Duration _____
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? _____ (City, town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 911-100 Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 _____

Vijon L. Kesley

Licensed Embalmer No. *4225*

P. O. Address _____

Independence, 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, fact should be so stated above.