S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5351

State File No.

Registration District No. 349

Primary Registration District No. 1002

Registrar's No. 867

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4033 Central Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether
In this community 41 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4716 McGee Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME Mrs. Nannie M Greenlee

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Jesse Greenlee

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased September (Month) 18 (Day) 1861 (Year)

8. AGE: Years 80 Months 5 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Johnson County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business --

FATHER
12. Name James Christopher Wingfield
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary R. Coates
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Leah Simmons
(b) Address 4716 McGee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3/3/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd year 1942 hour 12 minute 01 A. M.

21. I hereby certify that I attended the deceased from Jan 28, 1942, to Mar 1st, 1942 that I last saw her alive on Mar. 1st, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis	3 days
Due to Hypertension	
Due to	
Other conditions auricular fibrillation (Include pregnancy within 3 months of death)	4 weeks

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? — (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 —

23. Signature Ottokar Hofmann (M. D. or other)
Address 900 Rialto Bldg Date signed 3/2/42

561

(Licensed Embalmer's Statement on Reverse Side)

900 Ruth Bldg
3-5

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 C. Hervey Eisenberg

Licensed Embalmer No. 4070

P. O. Address K. C., 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.