

FILED APR 20 1942
Registration District No. 3019

Primary Registration District No. 3019

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
0488
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1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Convalescent Home 4147, Osage
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)

In this community 4

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Ellen J. Greig

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

4. Sex Fe. 5. Color or race wh. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 14 years

7. Birth date of deceased. Jan. 14 - 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th, year 1942 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 11th, 1942, to March 14, 1942, that I last saw her alive on March 13th, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 2 Days 0 If less than one day hr. min.

Immediate cause of death: Broncho pneumonia

Due to Cerebral hemorrhage

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business At Home

PHYSICIAN

Major findings: Of operations 107

Of autopsy

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Andrew Greig

13. Birthplace Glasgow Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Jeanette Grant

15. Birthplace Ont. Canada
(City, town, or county) (State or foreign country)

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 upon home, on farm, in industrial place, in public place?

While at work 1 (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) [Signature]
Address Independence Mo. Date signed 3-14-42

16. (a) Informant Mrs. C. E. Bardley

(b) Address 2740 Semple St. St. Louis

17. (a) Burial (b) Date thereof 3-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood R.C. Mo. Ott & Mitchell

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

(b) Address Independence Mo.

19. (a) March 15 - 42 (b) Jamess W. Ross
(Date received local registrar) (Registrar's signature)

JAN 4 1943

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, fact should be so stated above.