

FILED MAY 5 1942

State File No. \_\_\_\_\_

Registration District No. 156

Primary Registration District No. 5220

Registrar's No. 72

1. PLACE OF DEATH:

(a) County: Cass

(b) City or town: Rural Peculiar Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Home 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 mo.  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME: Robert Esreenlee

8. (b) If veteran, name war:

8. (c) Social Security No.: \_\_\_\_\_

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: \_\_\_\_\_

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
(Day) (Year)

7. Birth date of deceased: July 15 1862  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	9	14	hr. _____ min.

9. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation: Inmate of Co Home

11. Industry or business: \_\_\_\_\_

12. Name: Thomas Porter Greenlee

13. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name: Margaret Lee

15. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant: Co Home Records

(b) Address: Harrisonville Mo.

17. (a) burial (b) Date thereof: Apr 30-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Raymond Mo.

18. (a) Signature of funeral director: RINNENBURGER'S

(b) Address: HARRISONVILLE, MO.

19. (a) 4/30/42 (b) Margaret Valle  
(Date received, local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Cass 19

(c) City or town: Harrisonville (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No.: \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.: 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1942 hour 5 minute 30 a. m.

21. I hereby certify that I attended the deceased from Jan 23/42  
1942 to Apr 28 1942  
that I last saw him alive on April 28 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Stroke

Due to: \_\_\_\_\_

Due to: 468

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: 5

23. Signature: E. M. Duffek (M. D. or other) \_\_\_\_\_

Address: Harrisonville Date signed: 4/29/42

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

1900

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**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.

*Not embalmed*

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, above space should be left blank.**