

S. No. 2  
M-9-4-41  
Rev. 5-17-39  
I X29484

16974

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED JUN 18 1942

Primary Registration District No. 1002

Registrar's No. 2308

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:  
723 Highland Avenue  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 4 Months

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. 723 Highland Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Miss Grace Laura Greene

3. (b) If veteran, name war No  
 (c) Social Security No. 440-01-7851

4. Sex Female 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

7. Birth date of deceased November 22 1905  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>6</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Lindsay Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Oklahoma Utilities Company

12. Name Kenneth Clarence Greene

13. Birthplace Council Bluffs Iowa  
(City, town or county) (State or foreign country)

14. Maiden name Rachel Hester Wallace  
 15. Birthplace Atalisa Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Maree A. Greene  
 (b) Address 723 Highland Ave.

17. (a) Cremation (b) Date thereof June 16, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer  
 (b) Address 1401 Brush Creek Blvd.

19. (a) 6-13-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th  
 year 1942 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 to \_\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocardial infarction due to arterial atherosclerosis

Due to \_\_\_\_\_  
12.2 B<sup>2</sup>

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

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

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy See report

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)  
 Means of injury 6/3

23. Signature M. M. Crowe (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 6/12/42

(Licensed Embalmer's Statement on Reverse Side)

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

48  
2030

48  
2030

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

361

M.C.

**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.....

*A. C. Newcomer Jr*

Licensed Embalmer No.....

*4043*

P. O. Address.....

*A. 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.**