

FILED JUL 27 1942

Registration District No. **399**

Primary Registration District No. **1002**

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8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution Memorial Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days) 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 305 W 51st
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME IRA H. GREENMAN

3. (b) If veteran, name war V

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1942 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from 5-4-1942 to July 14, 1942 that I last saw him alive on July 14, 1942 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Antoinette March

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: March 16, 1878
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy

Due to Arterio-sclerosis
Chronic hypertension

Other conditions gla

Major findings:
Of operations _____
Of autopsy _____

Duration 48 hours

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 64 Months 3 Days 28 If less than one day hr. min.

9. Birthplace: 6 Penna
(City, town, or county) (State or foreign country)

10. Usual occupation local merchant

11. Industry or business self

MOTHER FATHER {

12. Name Saml Greenman

13. Birthplace 6 Penna
(City, town, or county) (State or foreign country)

14. Maiden name Jeanette Cohen

15. Birthplace 6 Penna
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Max Barnett

(b) Address 1027 W 67th

17. (a) Burial (b) Date thereof 7/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pose Hill

18. (a) Signature of funeral director George - Powell

(b) Address 3027 Trout

19. (a) 7-16-42 (b) Mr. H. Crowe
(Date received local registrar) (Registrar's signature)

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 0

23. Signature A. Sophian (M. D. or other) _____
Address 1405 Bryant Bldg Date signed July 15/42

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.