

JAN 21 1943 149  
Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 69

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town KCMO  
(c) Name of hospital or institution Wheatley - President Hosp  
(d) Length of stay: In hospital or institution 3 days  
In this community Mont Knowl  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Jackson  
(c) City or town KCMO  
(d) Street No. 2453 Montgall  
(e) Citizen of foreign country? no  
If yes, name country. ....

3. (a) PRINT FULL NAME ELIA GREER  
(b) If veteran, name war no  
(c) Social Security No. none

4. Sex Fe 5. Color or race 3 Negro  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Charles Greer  
(c) Age of husband or wife if alive 18 years  
7. Birth date of deceased Dec 18 1873  
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 17  
If less than one day hr. min.

9. Birthplace Warrensburg MO  
(City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business

MOTHER FATHER  
12. Name Edward Roberts  
13. Birthplace MO  
14. Maiden name Mary Francis Robinson  
15. Birthplace MO

16. (a) Informant Mary Esterlene Greer  
(b) Address 2453 Montgall

17. (a) Burial (b) Date thereof 1-8-43  
(c) Sunset Hill Cem. Warrensburg MO

18. (a) Signature of funeral director Thymy + Greenstreet  
(b) Address 1819 E. 15th Str. KCMO

19. (a) 1-7-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 6  
year 1943 hour 4:45 minute 12-2-42 M.

21. I hereby certify that I attended the deceased from 12-2-42 to 1-6-43  
that I last saw her alive on Jan. 6, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalo malachis  
Duration

Due to Cerebral Thrombosis

Due to Generalized arterio sclerosis

Other conditions 83B  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: None  
Of operations None  
Of autopsy None  
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? no (Specify type of place) (e) Means of injury .....

23. Signature J. C. Turner (M. D. or other) 1-6-43  
Address 1850 Vine Date signed .....

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

**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 *W. G. Siljorn*.....

Licensed Embalmer No. *2211*

P. O. Address. *1819 E. 15<sup>th</sup> KC 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.**