

DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC WAR
CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2108

State File No.

Registration District No.

Primary Registration District No. 1000

Registrar's No. 3

11
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Buchanan

(b) City or town. St. Joseph

(c) Name of hospital or institution: State Hospital No. 2, 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 11 months 1 day
(Specify whether in this community years, months or days)

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. 1609 Woodland
(If rural, give location)

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

3. (a) PRINT FULL NAME EUGENE GREEM.

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased. 1878? (Month) (Day) (Year)

8. AGE: Years 65 9 Months Days If less than one day hr. min.

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

10. Usual occupation Railroadman

11. Industry or business Railroadman

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Jackson County Court

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof 1-3-44 (Month) (Day) (Year)

(c) Place: burial or cremation Asylum Cemetery

18. (a) Signature of funeral director J. Ramsey, Son & Co

(b) Address 1609 Woodland

19. (a) 1-4-44 (Date received local registrar) (b) Alce Greem (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 1 year 1944 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2-1-1943 to 12-31-1943 that I last saw him alive on 12-31-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) JZa

Major findings: Of operations

Of autopsy

PHYSICIAN 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

23. Signature J. H. Morrison (M. D. or other)

Address State Hospital No. 2, St. Joseph Mo. Date signed 1-7-44

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: *J. F. Ramsey*

Licensed Embalmer No. *4081*

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.