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ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 927

FILED MAR 6 1944

Registration District No. 149

Primary Registration District No. 1002

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-28-44-2-23-44  
(Specify whether years, months or days)

In this community 40 years (Specify whether 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. 1527 Virginia  
(If rural, give location)

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

3. (a) PRINT FULL NAME JANIE GREER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Frank Greer

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

7. Birth date of deceased Dec 26, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 1 27 hr. min.

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

10. Usual occupation Un employed

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

12. Name James Harris

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

14. Maiden name Nancy

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 2/26/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director Starkins Bros.

(b) Address 1729 Lytle

19. (a) 2-26-44 (b) P. E. Brown  
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23  
year 1944 hour 12:40 minute P. M.

21. I hereby certify that I attended the deceased from February 28, 1944, to February 23, 1944;  
that I last saw her alive on February 23, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia

Due to Squamous cell carcinoma of uterus (primary) with generalized metastasis

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

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

Major findings:  
Of operations \_\_\_\_\_

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

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) (z) Means of injury \_\_\_\_\_

23. Signature P. E. Brown (M. D. or other) \_\_\_\_\_  
Address 1729 Lytle Date signed 2-26-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Jerome Manlove*  
Licensed Embalmer No. *3494*  
P. O. Address *2573 Highland*

**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.**