

**FILED APR 6 1944**  
Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
(a) County **Jackson,**  
(b) City or town **Kansas City,**  
(c) Name of hospital or institution: **Research Hospital**  
(d) Length of stay: In hospital or institution **3 days**  
In this community **3 days**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Kansas** (b) County **14**  
(c) City or town **Greensburg,**  
(d) Street No. **-**  
(e) Citizen of foreign country? **no.**  
If yes, name country **x**

3. (a) PRINT FULL NAME **Mrs. Katharine K. Greenleaf**  
(b) If veteran, name war **no.**  
(c) Social Security No. **no.**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **14th,**  
year **1944** hour **4:00** minute **a.** M.

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Jesse W. Greenleaf** 6. (c) Age of husband or wife if alive **71** years  
7. Birth date of deceased **September 9 1872**

21. I hereby certify that I attended the deceased from **3-12** 19**44** to **3-14** 19**44**  
that I last saw him alive on **3-13** 19**44**  
and that death occurred on the date and hour stated above.

8. AGE: Years **71** Months **6** Days **5** If less than one day **hr.** **min.**

Immediate cause of death **uremia**  
Due to **Agulerson**  
Due to **glomerulonephritis chr**

9. Birthplace **Pennsylvania,**  
10. Usual occupation **Housewife,**

Other conditions **1318**  
Major findings: Of operations **1318**  
Of autopsy **1318**

11. Industry or business **x**  
12. Name **James R. Kane,**  
13. Birthplace **Unknown,**  
14. Maiden name **Catharine Strickler**  
15. Birthplace **Pennsylvania,**

PHYSICIAN **1318**  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Jesse W. Greenleaf,**  
(b) Address **Greensburg, Kansas.**  
17. (a) **Removal** (b) Date thereof **3-14-44**  
(c) Place: burial or cremation **Greensburg, Kansas,**

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? **-**  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **-**

18. (a) Signature of funeral director **Stine & McClure,**  
(b) Address **3235 Gillham Plaza, K. C., Mo.**  
19. (a) **3-14-44** (b) **D. C. Brown**

While at work **-** (Specify type of place) Means of injury **-**  
23. Signature **D. C. Brown** (M. D. or other) **0**  
Address **Greensburg, Kansas** Date signed **3/14/44**

Dr. Donald R. Black

Prof. Bledy

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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

*John L. Hurley*

Licensed Embalmer No. 4050

P. O. Address Kansas City 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.**