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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32682

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 4522

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3219 Michigan 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mamie E. GREER

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James H. Greer
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Jan. 12, 1890 (Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 19 If less than one day hr. min.

9. Birthplace Clarksville (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home

FATHER
12. Name William Smith
13. Birthplace Clarksville (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant James H. Greer
(b) Address 3219 Michigan, K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C Mo.
19. (a) 11-2-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 th year 1945 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from July 1, 1945, to Oct 31, 1945 that I last saw her alive on Oct 31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death adeno-carcinoma of rectum & met stases
Due to
Due to
46 d
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations adeno-carcinoma of rectum & met stases
Of autopsy —

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Herbert Walter M. D. ~~or other~~
Address 1124 Professional Bldg Date signed 11/2/45

(Licensed Embalmer's Statement on Reverse Side)

Proff. Bldg. Vi 1938

1124

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. 2999

P.O. Address KC

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.