

S. No. 2
M-5-43
7. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JAN 31 1946 STANDARD CERTIFICATE OF DEATH

1405
251

State File No. _____
Registrar's No. _____

Registration District No. 149 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
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2701-EAST-12TH STREET /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community UNKNOWN

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. 2701-EAST-12TH STREET
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HENRY GREENER
 3. (b) If veteran, name war No
 3. (c) Social Security No. 487-01-3135

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JANUARY day 15
 year 1946 hour 12³⁰ minute 0 M.
 21. I hereby certify that I attended the deceased from _____
 _____ 19____ to _____ 19____
 that I last saw h_____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced DIVORCED
 6. (b) Name of husband or wife MRS. STELLA SMITH GREENER
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased SEPTEMBER-7-1885
(Month) (Day) (Year)

Immediate cause of death Broncho-pneumonia
 Due to Coronary sclerosis
 Due to _____
 Other conditions g/a
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>4</u>	<u>8</u>	_____ hr. _____ min.

Physician _____
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation MILL WRIGHT

11. Industry or business AMERICAN SASH & DOOR CO.

12. Name JOSEPH GREENER

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

14. Maiden name MARY SHARP

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

16. (a) Informant MR. JOE P. GREENER

(b) Address 216 NORTH CRESCENT

17. (a) REMOVAL (b) Date thereof JAN-16-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SPRINGFIELD MISSOURI

18. (a) Signature of funeral director J. N. Newcomer Saw
 (b) Address 1401 BRUSH CREEK BLDG

19. (a) 1-16-46 (b) Shalline Holman
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy no
History + Impression

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 Jimmie Walker (M. D. or other) Coron
 Address 1424 1/2 N. 1st Date signed 1-16-46

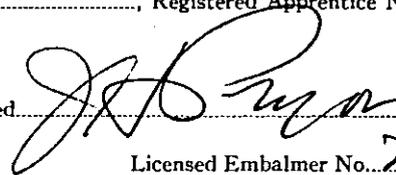
FEB 23 1946

FEB 4 1946

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. ICC

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.