

FILED JAN 21 1946
Registration District No. 179

Primary Registration District No. 1002

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

995

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:
5331 Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years
In this community 58 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. 5331 Highland
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARK GREELEY

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Frances Greeley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 4 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>8</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Retired Foreman

11. Industry or business Dickey Clay Co.

MOTHER FATHER
12. Name Mark Greeley
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Dwyer
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Chris Hughes
(b) Address 338 North Dighton

17. (a) Burial (b) Date thereof Jan 4 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Wm. J. & John Co.

(b) Address 20 West Linwood

19. (a) 1-3-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day January
year 1946 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from Jan 23
1945 to Jan 1, 1946
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 days
Due to arteriosclerosis years

Due to _____
Other conditions _____
(Include pregnancy within 8 months of death)

Major findings: 83a PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.
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) (e) Means of injury _____

23. Signature John T. Skinner (M. D. or other) MD
Address 1102 Greenwood Date signed 1-2-46

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 Charles M. Quirk
Licensed Embalmer No. 3774
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.