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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1946

Registration District No. 779

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36978

Registrar's No. 4935

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: 4923 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days)
In this community: 1 year

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.: 4923 Forest
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Robert Bertram Greaves
3. (b) If veteran, name war: World War #1
3. (c) Social Security No.: no.
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Mrs. Kathryn Greaves
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: June (Month) 17 (Day) 1879 (Year)
8. AGE: Years 67 Months 5 Days 6 If less than one day: hr. min.
9. Birthplace: England (City, town, or county) 4 (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: x
FATHER
12. Name: Robert Greaves
13. Birthplace: England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Hannah Walch
15. Birthplace: England (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Kathryn Greaves,
(b) Address: 4923 Forest, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-25-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah
18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 11-25-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23 year 1946 hour 3:30 minute A. M.
21. I hereby certify that I attended the deceased from ..., 1938 to November 23, 1946 that I last saw him alive on Nov 22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Hypostatic Bronchial
Due to: Cerebral Hemorrhage
Due to: Hypertensive
Other conditions: Ch. arthritis
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations: —
Of autopsy: Sw

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature: Hugh A. Gustafson (M.D. or other)
Address: 303 Westhemmel Bldg. Date signed 11-23-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hugh Gestring

[redacted]

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. 1415

P. O. Address. S. C. M.

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.