

FILED DEC 31 1946
Registration District No. _____

Primary Registration District No. 1002

Registrar's No.

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: Trinity Lutheran Hosp.
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 1 Week
In this community 40 yrs.
(Specify whether 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. 205 East 79th Terrace 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fannie M. Greenhagen

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 Albert W. Greenhagen 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased June 19, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 5 28 : ____ hr. ____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Ellis Wilson

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

14. Maiden name Mary Fredrick

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

16. (a) Informant Albert W. Greenhagen

(b) Address 205 East 79th Terrace

17. (a) Burial (b) Date thereof 12/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kans.

19. (a) 12-19-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1946 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 15-46
to Dec. 17, 1946,
that I last saw her alive on Dec. 17, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration few minutes

Due to Fractured Hip 7 days

Due to General Carcinomatosis several months

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1866

Of autopsy _____

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) Fell on his bathroom floor and fractured hip 123

(b) Date of occurrence Dec. 10, 1946 K.C. Jackson, Mo.

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? no (Specify type of place) (e) Means of injury fall

23. Signature J.M. Bawls M.D. (M. D. or other) O
Address 3527 Broadway N.C. Mo Date signed Dec. 18-46

Dr. Greenholz
3527 S. Hwy
4203 Mercier
Lo 1488

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..... *Wm J. Hard*
Licensed Embalmer No. *3991*
P. O. Address..... *103 East*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

J. C. M.