. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41690
Registrar's No. 5503

Registration District No. 149
Primary Registration District No. 1002

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: Dead upon arrival at Police Hdqtrs. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 14 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 18
(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL") 3
(d) Street No. UNKNOWN (If rural, give location) 6
(e) Citizen of foreign country? No — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME James O. Greer
3. (b) If veteran, name war NO
3. (c) Social Security No. 496-03-1428
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Greer
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May 27 1881 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	—	6	~~25~~ 28 hr. min.

9. Birthplace Marshfield, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Building Ind.
FATHER
12. Name James Greer
13. Birthplace UNKNOWN UNKNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane Hankins
15. Birthplace UNKNOWN UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Grace Greer
(b) Address 1112 E. 22nd St. Los Angeles, Cal.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director Cleo Davis
(b) Address 1513 Troost Ave.
19. (a) 12-30-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 — day 25, year 47 hour 12 minute 14 A. M.
21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I last saw he alive on ..... 19....; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure
Due to Hypertensive Heart Disease
Due to
Other conditions (Include pregnancy within 3 months of death) 93 D
Major findings:
Of operations
Of autopsy No Permit

Duration

PHYSICIAN
Underline the cause of 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 J. Williams (M. D. ~~or other~~) 10 E
Address 2636 Brooklyn Date signed

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

12-30-47

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 C. R. Davis

Licensed Embalmer No. 4417

P. O. Address K. C. 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.