

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

8716

State File No.

FILED MAR 27 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1159

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:
611 W. 44th. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 years years, months or days)

3. (a) PRINT FULL NAME

Fred Greaves

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, widowed
6. (b) Name of husband or wife Magdalena Greaves 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 13, 1857
(Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation retired marshall

11. Industry or business _____

MOTHER FATHER { 12. Name John Greaves
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Ann Tompkins
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marguerite Greaves
(b) Address 611 W. 44th.
17. (a) removal (b) Date thereof 3-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Red Oak, Iowa

18. (a) Signature of funeral director Quirk & Tobin
(b) Address 20 W. Linwood
19. (a) 3-15-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 611 W. 44th. St. 8
(If rural, give location) 0
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1948 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec.
1945 to March 13, 1948
that I last saw him alive on March 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____
coronary heart disease
Due to senility arteriosclerosis

Due to _____
Other conditions atelectasis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
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) _____
(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 J. Hodgson (M. D. or other) MD
Address 4301 main Date signed 3-15-48

f

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.....

P. O. Address.....

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.

10. Usual occupation Retired Marshall (City, town, or county) (State or foreign country)

11. Industry or business _____

MOTHER FATHER { 12. Name John Greaves

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

MOTHER FATHER { 14. Maiden name Ann Tompkins

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

16. (a) Informant Mrs Marguerite Greaves

(b) Address 611 West 44th

17. (a) Removal (b) Date thereof 3/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red Oak Iowa

18. (a) Signature of funeral director Jurk E. Toben

(b) Address 20 West Linwood

19. (a) 3-15-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions Atalectasis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

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) _____

(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 F. H. Hodgson (M. D. or other) MD
Address 4301 Main Date signed 3-15-48

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 Howard Farmer

S-8716 1948

Licensed Embalmer No. 4134

P. O. Address Y. @ 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.