

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 113030

Registration District No. 146

Primary Registration District No. 5368

Registrar's No. 104

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence (RR) Turner & Spring Branch Rds.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 25 years

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. Turner & Spring Branch Rds.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. EMILY ANN GREER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward Greer (deceased) 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 21, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>4</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

12. Name George Kinnaman

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

14. Maiden name Margaret Stuart,

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

16. (a) Informant A. E. Dike

(b) Address 114 1/2 N. Liberty, Independence, Mo.

17. (a) burial (b) Date thereof 4/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director W. C. Carson

(b) Address Independence, Mo.

19. (a) 4-4-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1948 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from January 22, 1946 to March 19, 48
that I last saw her alive on March 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion Duration 5 min

Due to Chronic Myocarditis 10 yrs

Due to Cholelithiasis 5 yrs

Other conditions _____
(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) (c) Means of injury 2

23. Signature [Signature]
Address Independence, Mo. Date signed 4-2-48

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.....

Tom D. Markland

Registered Apprentice No. *40*

working under my personal supervision.

Signed *R. A. Fisher*

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.