No. 2
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7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25719

FILED SEP 13 1948

Registration District No. 3948 — Primary Registration District No. 5227 — Registrar's No. 154

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Rural Peculiar Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(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)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson 18
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2020 E 42nd St. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME: WILLIAM LEE GREENSTREET
3. (b) If veteran, name war: World War II
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Jan (Month) 29 (Day) 1923 (Year)

8. AGE: Years 25 | Months 7 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace: Kansas City (City, town, or county) Mo (State or foreign country)
10. Usual occupation: None
11. Industry or business .....
FATHER
12. Name: Harry Greenstreet
13. Birthplace: St James (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: Nancy Hogue
15. Birthplace: Polk Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant: R.H. Greenstreet
(b) Address: R.R. No. 2020 E. 42nd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 7 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills Cemetery
18. (a) Signature of funeral director: Mellor-McGilbra-Eyler
(b) Address: Kansas City Mo.
19. (a) Sept 5 1948 (Date received local registrar) (b) Laura L. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5 year 1948 hour 12:15 minute Approx.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: FRACTURE RT. HIP
Due to: FRACTURE SKULL
Due to: CONTUSION CHEST & ABDOMEN
Due to: AUTO ACCIDENT
Other conditions (Include pregnancy within 3 months of death) .....
Major findings:
Of operations: N D
Of autopsy: N D
Kansas City Railway St

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): Accident
(b) Date of occurrence: Sept. 5, 1948 19
(c) Where did injury occur? Harrisonville (City or town) Cass (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway #71 (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: O.P. Barger (M. D. or other) MD
Address: Harrisonville Mo Date signed 9/5/48
Coroner — Cass Co.

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

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 Ernest Rennenberger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.