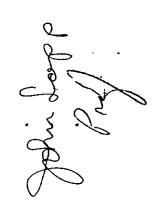
Widowed April 20, 1858 last birtidary Months Days Hours Min	tilen man (0.4040	TH	IE DIVISION OF HE	alth of Missou	RI	~	.
1. PLACE OF DEATH a. COUNTY Jackson b. CTV of contacts supported liadia, write RURAL and give of the phandrol of the phandr	FILEU WAR A	c o 1949	STA	NDARD CERTIF	ICATE OF DEA	TH State	File No	8394
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a. COUNTY Jackson b. CITY (II outside scriptures Biblin, write BURAL and give township) c. CITY (II outside scriptures Biblin, write BURAL and give township) from Kansas City d. FULL NAME Of II set is abspired or institution, fire stress address or tension HOSPITAL AND CONTROL (II set is abspired or institution, fire stress address or tension) Not title ton Home 3. NAME Of II set is abspired or institution, fire stress address or tension Not title ton Home 4. CITY (II outside scriptures biblint, write BURAL and give township) 5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, DIVERED, BURDON CONTROL (Interstand of work give WildOWED, DivORCED, (Specially WildOWED, DivORCED), DivORCED, (Specially WildOWED, DivORCED, (Specially WildOWED, DivORCED, (Specially WildOWED, DivORCED), DivORCED, (Specially WildOWED, DivORCED, Specially WildOWED, DivORCED, (Specially WildOWED, DivORCED, Specially WildOWED, DivORCED, (Specially WildOWED, DivORCED, Specially WildOWED, Speciall	1. PLACE OF DE	ATH			2 USUAL RESIDE			ution: residence before
TOWN Kansas City "promotion of the control of the c	a. COUNTY	Jackson			a. STATE Mo.		100-0	- 1 - 1
d. FILL NAME OF CIT so is a bacytal of institution. Bre street address of location. Home ADDRESS 5125 SWOPE Parkway Comparison of the control of the co	b. CITY (If outside o	orpurate limita, write R	URAL and	c. LENGTH OF	C. CITY (If outside corp	porate limite, write RURAL a	nd give townsh	do) 📝
NAME CF **PINE CALLS SET SET SET SET SET SET SET SET SET SE	TOWN A	Cansas City		2 Years		as City		, Ş
3. NAME OF a. (FISt) DECLASED WIDOWOED, DIVORCED, (Boods) WIDOWOED, DIVOR	d. FULL NAME OF	(If not in hespital or in	etitution, i	rive street address or location)	d. STREET	(If rural, give location)		()
5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, W WIDOWED, DIVORCED (Specify) S. DATE OF BIRTH S. ACE TO THE MIND DATE The Country Mind Date Mind Mind	INSTITUTION	Nettleton	Home	:	5125	Swope Parkwa	y	0
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5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRI		Emma			Greig	OF DEATH		
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38. FATHER'S NAME Daniel Muir Daniel Muir Terris Noland 13b. Mother's maiden hame Terris Noland 14. Name of Husband or Wife Willium A. Greig 15. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO NO NO NO MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* Enter only one owner of the duth of the dots of the death but not which caused death. Method of sind, such the dutent in the whole of sind or whole contributing to the death but not contribute on the death of the disease or condition contributing to the death but not contribute on the death of the disease or condition contributing to the death but not contributing to the death but not contribute to the disease or condition contributing to the death but not contribute to the disease or condition contributing to the death but not contribute to the disease or condition contributing to the death but not death of the disease or condition contributing to the death but not contr	done during most of work	ing life, even if retired)		DUSTRY		1		COUNTRY?
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18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS (True, oper unknown) (If you, eine war or dates of service) 16. SOCIAL SECURITY NO NO. Lilliam Exium (Supt) 5125 Swope Parkway MEDICAL CERTIFICATION INTERNAL BETWEEN CONSET AND DEATH (Internal young consultance of string, such and the most of string, such and the most of string, such and the state of the above course (e) stating the underlying county for compileonic which caused death. Out to (c) 11. OTHER SIGNIFICANT CONDITIONS DUE TO (c) 12. OTHER SIGNIFICANT CONDITIONS DUE TO (c) 13. DATE OF OPERATION 14. It means the state the above course (e) stating the underlying cause last. 15. DUE TO (c) 16. SOCIAL SECURITY (Supt) 5125 Swope Parkway MEDICAL CERTIFICATION INTERNAL BETWEEN CONSET AND DEATH (Internal Security of Super Annual Sec								
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TION Pla. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE Registry Restory, street, office bidg., sec.) Re	19a. DATE OF OPERA-				1, ,		- / - 	20. AUTOPSY?
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WHILE AT WORK) (Day) (Vers) (Ronz)	21a. INILIRY OCCURRED	21f. HOW DID IN IUPY	OCCUR?	·	
22. I hereby certify that I attended the deceased from Tel-25, 1949, to march 2, 1949, that I last saw the deceased alive on Tel-26, 1949, and that death occurred at 220 & m., from the causes and on the date stated above. 23a. SIGNATURE John G. Lapp (Degree of title) 23b. ADDRESS /// Professional Bld9 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Out, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE	OF INDIDV	, comp, crear, c	- 1,	WHILEAT TO NOT WHILE TO	NOIL DID 1140K1	**************************************		
alive on Feb. 26, 1949, and that death occurred at \$\frac{120}{20} \overline{L} m., from the causes and on the date stated above. 23a. SIGNATURE John G. Iapp (Degree of title) 23b. ADDRESS 23c. DATE SIGNED			 -	~ 1 ·	40 0	11/2 152		
23c. DATE SIGNATURE John G. Lopp (Degree of title) 23b. ADDRESS /// Profession of 1914 Pag. BURIAL. CREMA- TION, REMOVAL (Species) 32d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 27c. DATE SIGNED WEN 2 1941 C. MO ADDRESS 27c. DATE SIGNED	22. I hereby certify	that I attended th	he decea	sed from T'UP-LD				
John L Zahl M. U 1314 Profession at 1314 9 Mar 2 1941 Ma. BURIAL, CREMA- TION, REMOVAL (Regorder) BURIAL CREMA- TION, REMOVAL (Regorder) BURIAL CREMA- TOREST HIII DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Olds, town, or county) (State) TOREST HIII 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS						e causes and on the	date släted	
As. BURIAL. CREMA- PROVAL (Breatly) 24d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Olty, town, or county) (State) C. MO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	/1.D	V. T. II	Lapr	(Degree of title)	15 11 B	imal Bldg		•
TION, REMOVAL (Breakly) 3/5/49 FOREST HIII & C. MO DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. BURLAL, CREMA	- 24b. DATE	-777	24c. NAME OF CEMETER	Y OR CREMATORY 2		wn, or county	
PEC	TION, REMOVAL (Byodis ろった・ラー	" 5 /5/	149	FOREST	HIII			· · · · · · · · · · · · · · · · · · ·
3_4-49 Dealter Holmes STINE & McCLURE Kansas City, Mo.			IGNATUR	E 1/2	 .		_	
	3-4-49	Ellia	ede	a Holmes	STINE & MC	CLURE I	(ansas	City, Mo.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on t	the reverse side of this c	ertificate v	vas embaim	ned by me, or by	·
		Student	Embalmer	No	T
working under my personal supervision.	D.0).a. n	11	Que	\bigcirc

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.