

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8754

Registrar's No. 99

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5368		State File No. 8754		Registrar's No. 99									
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)												
a. COUNTY JACKSON Rural (Blue)					a. STATE MISSOURI b. COUNTY JACKSON												
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE (Blue)												
d. FULL NAME OF HOSPITAL OR INSTITUTION 216 NORTH CRESCENT					d. STREET ADDRESS (If rural, give location) 216 NORTH CRESCENT												
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX			6. COLOR OR RACE								
a. (First) JOSEPH			b. (Middle) COLUMBUS			c. (Last) GREENER			a. (Month) b. (Day) c. (Year) MARCH 14-1949								
(Type or Print)																	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH			9. AGE (In years last birthday)			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)								
MARRIED			JANUARY 6-1876			73 yrs			RETIRED CONDUCTOR FRISCO R.R.								
11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME								
VERONA MISSOURI			U.S.A.			JOSEPH GREENER			MARY UNKNOWN								
14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME								
BETIE GREENER			No			NONE			JOSEPH P. GREENER 216 N. CRESCENT, INDEPENDENCE, MISSOURI								
18. CAUSE OF DEATH					19. MEDICAL CERTIFICATION					20. INTERVAL BETWEEN ONSET AND DEATH							
Enter only one cause per line for (a), (b), and (c)					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					Cancer of Colon + Rectum							
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.					ANTECEDENT CAUSES					2 yrs							
					Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.												
					DUE TO (b)												
					DUE TO (c)												
II. OTHER SIGNIFICANT CONDITIONS					Conditions contributing to the death but not related to the disease or condition causing death.												
19a. DATE OF OPERATION					19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?							
										YES ☐ - NO ☐							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)			21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
												21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45 PM., from the causes and on the date stated above.																	
23a. SIGNATURE Fred J. Hammer						23b. ADDRESS 207 Indep. Mo.						23c. DATE SIGNED 3/14/49					
(Degree or title)																	
24a. BURIAL, CREMATION, REMOVAL (Specify)				24b. DATE				24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State)					
REMOVAL				MARCH 14-1949								SPRINGFIELD MISSOURI					
DATE REC'D BY LOCAL REG.				REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS					
MAR 15-1949								D. H. Newcomer				1401-1308 CREEK KANSAS CITY, MO.					

(Licensed Embalmer's Statement on Reverse Side)

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

APR 12 1940

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed: _____

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. _____

4182

P. O. Address _____

Kansas City

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.