

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8700  
1304

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (If this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holden</u>		1510	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North East Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. # 3</u>			
3. NAME OF DECEASED a. (First) <u>HENRY</u>			b. (Middle) <u>WILLIAM</u>			c. (Last) <u>GREENEMAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3 19 50</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Sept. 25 1875</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>25</u>		IF UNDER 12 HRS. Hours <u>1</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>for self</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry Groeneman</u>		13b. MOTHER'S MAIDEN NAME <u>Suzette Bruggeman</u>		14. NAME OF HUSBAND OR WIFE <u>Adeline Groeneman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. F.O. Kelley, Berne Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditic decompensative</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>
		ANTECEDENT CAUSES 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 <u>abdominal aortic</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic interstitial nephritis</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Mar 16</u> , 19 <u>50</u> , to <u>Mar 19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar 19</u> , 19 <u>50</u> , and that death occurred at <u>7 1/2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Earl Van Jones</u> (Degree or title)				23b. ADDRESS <u>3600 E. St. John</u>		23c. DATE SIGNED <u>3-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>		24b. DATE <u>3/20/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holden Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Holden, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-20-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John P. Shiel, N.C. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

3600 St John  
1:00 P.M.

NOV 20 1951

**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.

Student .....  
Student Embalmer

Signed Charles E Mayfield

Licensed Embalmer No: 4638

P. O. Address H. C. 2nd

**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.