

RECD MAR 9 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5674  
Do not use this space.

1. PLACE OF DEATH Jackson  
(a) County Kaw Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002 Registered No. 873  
(c) City K. C. Mo. (d) Street No. 211 West 38th St. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Hattie M. Greenman  
(a) Residence, No. 211 West 38th St. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Col. J. C. Greenman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>3</u>	<u>14</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk  
9. Industry or business in which work was done, as saw mill, bank, etc. Sante Fe R.R. Co  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER 13. NAME No Record  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME Catherine Koons  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Robert Patterson  
211 West 38th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Feb. 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner  
Kansas City, Mo.

20. FILED 727 19 39 M. M. Brown  
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1938, to February 25, 1939  
I last saw her alive on 2/25, 1939. Death is said to have occurred on the date stated above, at 6:05 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
820  
Date of onset 2/24/39

Other contributory causes of importance:  
hypertension  
General Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Edward H. Klein, M. D.  
(Address) 315 Alameda Road, K. C. Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**