REG'D AUG 22 1939

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

25873
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON Registration District No. 404
(b) Township Wadsworth Primary Registration District No. 5558 Registered No. 62
(c) City ~~GRANDVIEW~~ (d) Street No. 87TH & JACKSON 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. 9 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
654

2. PRINT FULL NAME MRS. ADELIA I. GREENLEY
(a) Residence, No. 87TH & JACKSON St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 GEORGE E GREENLEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB-1-1858

7. AGE: Years 81 | Months 5 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) DUBUQUE (STATE OR COUNTRY) IOWA

FATHER
13. NAME MATHIAS THOMPSON
14. BIRTHPLACE (CITY OR TOWN) LINCOLNSHIRE (STATE OR COUNTRY) ENGLAND

MOTHER
15. MAIDEN NAME ANN MARIE GOODING
16. BIRTHPLACE (CITY OR TOWN) LINCOLNSHIRE (STATE OR COUNTRY) ENGLAND

17. INFORMANT MR. GARDNER F GREENLEY (ADDRESS) 87TH & JACKSON AVENUE

18. BURIAL, CREMATION, OR REMOVAL PLACE EL RENO, OKLA. DATE JULY-12 1939

19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 8-10- 1939 Mrs Jas T Brennan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY-11 1939

22. I HEREBY CERTIFY, That I attended deceased from June 5 1939, to July 11 1939
I last saw her alive on July 11 1939. Death is said to have occurred on the date stated above, at 11:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 5-39
8 7th	

Other contributory causes of importance: arteriosclerosis

Name of operation none 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) R. C. Ragan, M. D.
(Address) 404½ N. Belt Ave. Cmo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—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.

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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. [illegible]

Licensed Embalmer No. 4043

P. O. Address [illegible] Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.