

30 SEP 6 1939

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

28389
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township KAW Primary Registration District No. 1002 Registered No. 3391

(c) City Kansas City, Mo. (d) Street No. 2632 E 28th 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 Charles Grant Greene

(a) Residence, No. 2632 E 28th 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Greene

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19th, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

77	2	10	
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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. K.C. Water Dept.

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) Ohio

FATHER 13. NAME O. B. Greene

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Mary Inks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Emma Greene,
(ADDRESS) 2632 E 28th St. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Cem. DATE Aug. 31 - 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. H. Blackman & Son, Inc
2825 Indep. Blvd. K.C. Mo.

20. FILED 929 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29th 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1939, to Aug 29 1939

I last saw him alive on Aug 28 1939. Death is said to have occurred on the date stated above, at 1:55 m. AM

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-Vascular
Renal Disease

Date of onset 1/21

Other contributory causes of importance:

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?.....
If so, specify.....
(Signed) Don H. Wheeler M. D.
(Address) 1500 Professional Bldg.

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.

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..... *H. B. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *K. C. Mo.*

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.