

Registration District No. 85

Primary Registration District No. 1001

11
5
7

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mertland Apts. 210 N. 8th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 57 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2821 Ashland Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME HARRY J. GREENFIELD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Deborah Greenfield 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 6th 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>6</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace St. Joseph Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Proprietor of Art Shop

11. Industry or business Deborah Art Shop

MOTHER FATHER

12. Name J.A. Greenfield

13. Birthplace Brooklyn N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Julia Dowling

15. Birthplace New York City N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joe Greenfield
(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof Feb 26th 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address St. Joseph, Mo. 85

19. (a) Feb 26, 1940 (b) A. J. Nestlehead
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1940 hour 11. minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 31 1939, to Feb 23 1940
that I last saw him alive on Feb 23 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured aortic aneurysm
Tuberc. dorsalis

Duration 2

Due to _____

Due to GO

Other conditions (Includes pregnancy within 3 months of death)

PHYSICIAN

Major findings: ✓
Of operations _____

Of autopsy none

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. J. Bunsbueh (M. D. or other) 1
Address St Joseph Mo Date signed 2/26/40

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 C. J. Swan.....

Licensed Embalmer No. 40829.....

P. O. Address St Joseph.....

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.