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.

7 13 1940

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

14383
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan — Registration District No. 63

(b) Township 3 — Primary Registration District No. 1001 — Registered No. 474

(c) or City St. Joseph — (d) Street No. State Hospital for Insane #2 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 1 yrs. 8 mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Thos. L. Greenup

(a) Residence, No. State Hospital #2 0 St. Carthage, Mo.
(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: male
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: Lulu M. Greenup

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 29, 1869

7. AGE: YEARS 71 — MONTHS 0 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Stationary Engineer
9. Industry or business in which work was done, as saw mill, bank, etc.: Rock Quarry
10. Date deceased last worked at this occupation (month and year): April 1928
11. Total time (years) spent in this occupation: 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hall County Mo.

FATHER
13. NAME: Wm Edwd. Greenup
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ky

MOTHER
15. MAIDEN NAME: Sarah Elder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

17. INFORMANT (ADDRESS): Miss Marie Greenup, 3310 Broadway, K.C. Mo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Carthage Mo DATE April 25, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton - Bridge & Bowman Funeral 319 So. 10th St. Home

20. FILED Apr 25, 1940 H J Nestlebush Local Registrar. 85

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 24, 1940

22. I HEREBY CERTIFY That I attended deceased from 8/23, 1938, to Apr. 24, 1940
I last saw him alive on ....., 1940. Death is said to have occurred on the date stated above, at 10-20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	X
Other contributory causes of importance: Myocardial failure from Coronary Heart Disease	X

Name of operation none Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) T. O'Dell, M. D.
(Address) St. Joseph

(Licensed Embalmer's Statement on Reverse Side)

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: W. M. E. Summerfield

Licensed Embalmer No. 5067

P. O. Address 3198 10 St. Joseph

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

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