No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27672

State File No. 3306

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
4417 St. John Avenue 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether In this community Non-Resident
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State South Dakota (b) County Kingsbury

(c) City or town De Smet
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Miss Mae Greeman 633

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ---

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Feb. 2, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Schoolteacher

11. Industry or business

FATHER
12. Name Rasman Greeman
13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Green
15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant R. S. Whyte Fun. Home
(b) Address DeSmet, South Dakota

17. (a) Removal (b) Date thereof Aug. 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation De Smet, South Dakota

18. (a) Signature of funeral director D. H. Newcomer's Son
(b) Address 1401 Brush Creek Blvd.

19. (a) Aug. 21, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug. 18. 1940 to Aug. 20. 1940; that I last saw her alive on Aug. 20 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insufficiency	
Due to 92a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
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?
(Specify type of place)
While at work? (e) Means of injury 1

23. Signature R. A. Williams (M. D. or other)
Address 5400 St John Ave Date signed 8/21/40
Kansas City Mo

(Licensed Embalmer's Statement on Reverse Side)

2.5.30

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. Hervey Quisenb

Licensed Embalmer No. 4070

P. O. Address K. C. Mo

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

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