

Registration District No. **398**

Primary Registration District No. **5554**

Registrar's No. **304**

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural - Blue Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
9611 Van Horn  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days 2

8. (a) PRINT FULL NAME Nett Robert Greene

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 496-07-1893

4. Sex Male 5. Color or race Whit 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Margaret Greene 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased June 30 1876  
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ireland Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Car Salesman

11. Industry or business

MOTHER FATHER { 12. Name Marion Francis Green  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Wilson  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Greene

(b) Address 9611 Van Horn  
17. (a) Removal (b) Date thereof 12/5/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton, Indiana

18. (a) Signature of funeral director Lois Speers

(b) Address Independence, Mo.

19. (a) Dec. 5, 40 (b) F. L. Cook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9611 W. Van Horn  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5 year 1940 hour \_\_\_\_\_ minute 7:45 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ no. \_\_\_\_\_ 19\_\_\_\_;  
that I last saw the deceased alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive myocardial infarction  
Due to Atherosclerosis  
Due to Vase Nephritis  
Other conditions vascular  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? 360  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Russell J. ... (M. D. or other) 5  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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 me,  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Calvin Sparks  
Licensed Embalmer No. 3604  
P. O. Address Independence, 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.**