

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution Saint Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one week
(Specify whether)

In this community 24 years
years, months or days

3. (a) PRINT FULL NAME Aronzo Greer

3. (b) If veteran, name war No.

3. (c) Social Security No. 295-052297

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Florence Greer

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased January 25 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 03 Days 06 If less than one day _____ hr. _____ min.

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

10. Usual occupation Mechanic

11. Industry or business Roofing Manufacturing

12. Name John Walker

13. Birthplace Texas
(City, town, or county) (State or foreign country)

14. Maiden name Martha Hayden

15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura Seale

(b) Address 7220 West Park Wy

17. (a) Burial (b) Date thereof May 3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.D. Worick Cemetery

18. (a) Signature of funeral director Edith Funeral Home

(b) Address 6606 Independence Ave

19. (a) May 2 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kennett City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 6038-E-10th St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1941 hour 10:40 minute 9 A. M.

21. I hereby certify that I attended the deceased from Feb 27-1941 to May 1 1941 that I last saw him alive on May 1 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor
Malignant

Due to 5/1/41

Due to 5/1/41

Other conditions 5/1/41
(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? _____

While at work? 3:10 (Specify type of place) _____ (or) Means of injury _____

23. Signature Edith (M. D. number) 11
Address 609 Commercial Date signed 5/2/41

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

G.S. Cornell

Commissioner

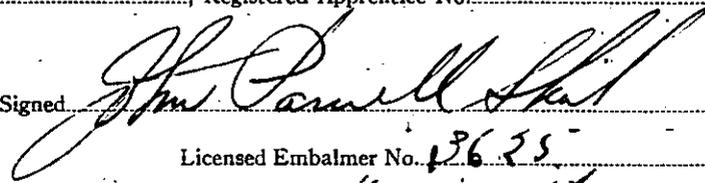
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 13635

P. O. Address. Kansas City

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, fact should be so stated above.