

FILED MAR 11 1942

Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph city**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2018 James /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **28 Years** (Specify whether years, months or days)
In this community **28 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **2018 James** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Robert Greer**

(b) If veteran. **No** name war
3. (c) Social Security No. **791-10-9680**

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

6. (b) Name of husband or wife **Cassie Hazel Greer** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **June 26 1952**
(Month) (Day) (Year)

8. AGE: Years **89** Months **7** Days **5** If less than one day hr. min.

9. Birthplace **Newpoint Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Elevat or Operator**

11. Industry or business **Western Tablet**

12. Name **Nathan J Greer**

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

14. Maiden name **Mary C Perry**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs C.A. Bethemeyer**

(b) Address **2018 James**

17. (a) **Burial** (b) Date thereof **Feb. 3, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Chapel Cemetery**

18. (a) Signature of funeral director **Fleeman & Son Inc**
(b) Address **St. Joseph, Missouri**

19. (a) **Feb. 3, 1942** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **1** year **1942** hour **9** minute **45 A** M.

21. I hereby certify that I attended the deceased from **Jan. 29 1942** to **Feb. 1, 1942** that I last saw him alive on **Feb. 1, 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial insufficiency 1 mo.**
Due to **myocarditis - chronic**
arterio-sclerosis - general } years
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none** Of autopsy **none**

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 **S.T. Bloomer** (M. D. or other) **[Signature]**
Address **1218 N. 3rd St.** Date signed **2/2/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2-1-42

Registered Apprentice No.

working under my personal supervision.

Signed

Geo E Daniel

Licensed Embalmer No.

3300

P. O. Address

St Joseph W

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.