7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32748

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3745

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: 4020 Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: xx (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 4020 Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

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3. (a) PRINT FULL NAME: William Greene

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

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: Wh

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

6. (b) Name of husband or wife: Anna J. Greene

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

7. Birth date of deceased: November (Month) 24 (Day) 1856 (Year)

8. AGE: Years: 85 Months: 10 Days: 13 If less than one day: hr. min.

9. Birthplace: Kansas City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Orchardist

FATHER
12. Name: Beal Greene
13. Birthplace: Ky / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Corrine Ratcliffe
15. Birthplace: Ky / (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. A. G. Campbell
(b) Address: 4020 Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: J W Wagner
(b) Address: Kansas City, Mo.

19. (a) 10-12-42 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 7th year: 1942 hour: 4: minute: 25 P.M.

21. I hereby certify that I attended the deceased from July 20, 1942 to Oct 7, 1942 that I last saw him alive on Oct. 7, 1942 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Coronary Thrombosis

Due to: 94a

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

23. Signature: Clarence A. Marshall (M.D. or other)
Address: Kansas City, Mo. 231 W. 47th St. Date signed: 10/9/42

(Licensed Embalmer's Statement on Reverse Side)

201 Plaza Theatre
LO-1104
1:15 to 5 P.M.

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 Cecil R. Mathes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Missou

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.