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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27147

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3446

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: MENORAH HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

In this community 12 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town LAKE TAPAWINGO 0
(If outside city or town limits, write "RURAL")

(d) Street No. Jackson Co. 0
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 1

If yes, name country ✓

3. (a) PRINT FULL NAME FRED GREENE

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife SULTANA

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Nov. (Month) 2 (Day) 1899 (Year)

8. AGE: Years 46 Months 9 Days 8 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation ENGINEER

11. Industry or business ARCHER CONSTRUCTION CO.

MOTHER FATHER

12. Name Melvin Greene

13. Birthplace Chelsa Co (City, town, or county) New York (State or foreign country)

14. Maiden name Eva W. Stoune

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

16. (a) Informant Mrs Fred Greene

(b) Address Lake Tapawingo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12-46 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park K.C.K.

18. (a) Signature of funeral director Morton Smith

(b) Address North Kansas City Mo.

19. (a) 8-10-46 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1946 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 29, 1946, to August 10, 1946 that I last saw him alive on August 9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death GENERALIZED PERONTINITIS	3 days
Due to GENERALIZED SARCOMA of ABDOMEN	?
Due to SARCOMA OF STOMACH with METASTASIS	?
Other conditions METASTASIS TO LEFT ANTRUM (Include pregnancy within 3 months of death)	3 MONTH

Major findings:
Of operations 40K

Of autopsy SARCOMA OF STOMACH WITH GENERALIZED METASTASIS

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) 0

(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 0

23. Signature Norman A. Ginsberg (M. D. or other) M.D.

Address 221 East 46th St. Date signed Aug 19 1946 Kansas City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North 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.