

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

Registration District No. 199 Primary Registration District No. 1002

1. PLACE OF DEATH: **Jackson**

(a) County Kansas City, Mo.  
 (b) City or town Kansas City, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: General Hospital No. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 Days (Specify whether)

In this community 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson **48**  
 (c) City or town Kansas City **2**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3316 E. 14 St. **2**  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No) **1**  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Greenstreet  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3  
 year 46 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from Sept. 29  
1946 to October 3 1946  
 that I last saw him alive on October 3 1946  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Cora H. Greenstreet  
 6. (c) Age of husband or wife if alive 72 years  
 7. Birth date of deceased June 7 7 1863  
 (Month) (Day) (Year)

Immediate cause of death Cardiac decompensation  
 Due to Arteriosclerotic heart disease  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>3</u>	<u>26</u>	hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)  
 10. Usual occupation Ice worker  
 11. Industry or business Inter-State Ice Co.  
 12. Name Linsey J. Greenstreet  
 13. Birthplace Missouri (City, town, or county) (State or foreign country)  
 14. Maiden name Miranda A. Walton  
 15. Birthplace Missouri (City, town, or county) (State or foreign country)

Major findings: 93  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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

MOTHER FATHER

16. (a) Informant Cora Greenstreet  
 (b) Address 3316 East 14th Street  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/46 (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Washington  
 18. (a) Signature of funeral director Earp & Sons  
 (b) Address 4139 East 15th Street  
 19. (a) 10-4-46 (Date received local registrar) (b) Heraldine Holmes (Registrar's signature)

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 0  
 23. Signature O. Brandon Hill (M. D. or other)  
 Address Gen. Hoop. H. 1. Date signed \_\_\_\_\_

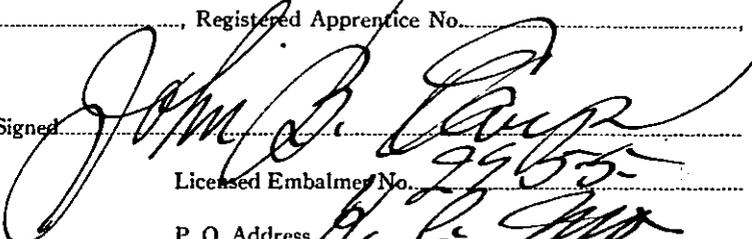
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**STATEMENT BY LICENSED EMBALMER**

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. 9955.....  
P. O. Address J. B. Camp.....

**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.**