

S. No. 2
-12-45
5-17-39
P I X47070

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

1115
State File No. _____
Registrar's No. 118

Registration District No. 149 Primary Registration District No. 1002

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mos. 20 days
(Specify whether
 In this community 2 mo. 20 days
years, months or days)

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. 3234 Broadway
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Clifford Leon Greenfield
 3. (b) If veteran, name war no 3. (c) Social Security No. none
 4. Sex male 5. Color or race White
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 29 - 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 9 year 1947 hour 9 minute 15 A.M.
 21. I hereby certify that I attended the deceased from Oct. 20 1946 to Jan. 9 1947
 that I last saw him alive on Jan. 9 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 3 Days 10 If less than one day ✓ hr. ✓ min.

Immediate cause of death Malnutrition
 Due to _____
 Due to _____
 Other conditions 158
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy See above

9. Birthplace Marshall mo
(City, town, or county) (State or foreign country)
10. Usual occupation infant
11. Industry or business
MOTHER FATHER
 { 12. Name Eddie Greenfield
 { 13. Birthplace OKla
 { 14. Maiden name Wilda Gerrison
 { 15. Birthplace Both mo
(City, town, or county) (State or foreign country)
 16. (a) Informant Mr. Eddie Greenfield
 (b) Address 3234 Broadway
 17. (a) Burial (b) Date thereof Jan. 10 - 47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Green Lawn
 18. (a) Signature of funeral director A. O. Doehler
 (b) Address 1415 E. 15
 19. (a) 1-10-47 (b) Seraldine Holmes
(Date received local registrar) (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)
 (c) Means of injury _____
 23. Signature Wm W. Hart (M. D. or other) Mal
 Address Med. Dir. Gen'l Hosp. Date signed 1-9-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.