

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 **Residence 3333 KENNINGTON**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **35 years** (Specify whether 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. **3333 Kennington** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **WILLIAM WESLEY GREENE**

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 **Married**
6. (b) Name of husband or wife **MRS. Myrtle G. Greene** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **April 1, 1875** (Month) (Day) (Year)

8. AGE: Years **73** Months **2** Days **26** If less than one day hr. min.

9. Birthplace **Travis City, Kansas** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired S.P.R. Employee**

11. Industry or business **SHIPPING CLERK Santa Fe R.R.**

12. Name **Louis Foster Greene**

13. Birthplace **West Liberty, Ohio** (City, town, or county) (State or foreign country)

14. Maiden name **Mertta Ellen Taylor**

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

16. (a) Informant **Mrs. Myrtle Greene**

(b) Address **3333 Kennington**

17. (a) Burial, cremation, or removal **Buried** (b) Date there **JUNE 11, 1947** (Month) (Day) (Year)

(c) Place: burial or cremation **BALDWIN CITY, KANSAS**

18. (a) Signature of funeral director **D. J. Newman's Sons**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **6-11-47** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **10TH** year **1947** hour **5** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **June 1st** 19**47** to **June 9th** 19**47** that I last saw him alive on **June 9th** 19**47** and that death occurred on the date and hour stated above. Duration

Immediate cause of death **cerebral hemorrhage** 10 days
Due to **myocarditis** 5 wks

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **g3d** Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place) (e) Means of injury

23. Signature **L. H. Harris** (M. D. or other) Address **901 Westport** Date signed **6/10/47**

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

MOTHER FATHER

901 Westport Road

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..... *Edward M. Storey*
Licensed Embalmer No. *4452*
P. O. Address..... *K. C. 4 Mo.*

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.