No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27710

Registrar's No. 3425

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

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~~: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 4-DAYS (Specify whether
In this community 47 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4008 MAIN STREET 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MR. HARRY CLAY 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. EDNA L. GREENE
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JULY (Month) 8 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	1	0	hr. min.

9. Birthplace (City, town, or county) WISCONSIN (State or foreign country)
10. Usual occupation ENGINEER - RETIRED 3 YRS.
11. Industry or business K.C. SCHOOL BOARD
FATHER
12. Name COL WILLIAM GREENE
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
MOTHER
14. Maiden name MARY A. MILLS
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant MRS. EDNA L. GREENE
(b) Address 4008 MAIN STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG-11-1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ FLORAL HILLS CEM.
18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401-BRUSH CREEK BLVD.
19. (a) 8-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 8TH year 1947 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 21, 1947 to Aug. 8, 1947; that I last saw him alive on Aug 7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocardial failure	2 yrs.
Due to: Arteriosclerotic cardio-vascular renal disease	
Due to	
Other conditions: Uremia (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

Pulmonary congestion

PHYSICIAN

Underline the cause of which death should be charged statistically.

131a

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)
While at work? (e) Means of injury 0

23. Signature Jos W Parker Jr (M. D. ~~or other~~)
Address 4000 Baltimore Date signed 8-9-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.