S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 34486

FILED NOV 8 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4482

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~~ RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 5 - DAYS (Specify whether
In this community 57 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CLAY 24
(c) City or town NORTH KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2016 CLAY STREET 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country - - - - - -

3. (a) PRINT FULL NAME MR. ROBERT WILLIAM GREENLEAF
3. (b) If veteran, name war No
3. (c) Social Security No. 487-10-0767

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband or~~ wife MRS. NETTIE GREENLEAF
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased MAY (Month) 27 (Day) 1883 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 64 | 4 | 28 | hr. min. |

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation WAREHOUSE MANAGER
11. Industry or business KARNES DRUG COMPANY - No. K.C.Mo.

FATHER
12. Name WILLIAM EUGENE GREENLEAF
13. Birthplace JACKSONVILLE (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name MARY AMO WILLIAMSON
15. Birthplace FORT GIBSON (City, town, or county) OKLAHOMA (State or foreign country)

16. (a) Informant MRS. NETTIE GREENLEAF
(b) Address 2016 CLAY STREET - No. K.C.Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-27-1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. WASHINGTON CEMETERY
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 10-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 25TH
year 1947 hour 8 minute 30A M.
21. I hereby certify that I attended the deceased from Mar 10, 1947
, 19, to Oct 25, 1947
that I last saw him alive on Oct 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death exsanguination from G.I. tract
Due to esophageal varices
Due to
Other conditions (Include pregnancy within 3 months of death) Duodenal ulcer
Major findings:
Of operations same as above
Of autopsy same as above

Duration

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)
While at work? (e) Means of injury

23. Signature S. Charles Fowler (M. D. or other) MD
Address 2025 Swift Date signed 10/27/47
no Kan City no.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

10:30

## 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: Bernard L Horan

Licensed Embalmer No. 4250

P. O. Address KC 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.