. No. 2
—1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 27 1948

Registration District No. 749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1449

Primary Registration District No. 10-0-2 5571 Registrar's No. 232

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kaw Township (71 highway & 85th (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kansas City (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 32 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Rural Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 101 & Blue River Road (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JAMES EARL GREER
3. (b) If veteran, name war: no
3. (c) Social Security No. 496-03-2887
4. Sex: M
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Lovonia Greer
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: March (Month) 8 (Day) 1882 (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	10	6	hr. min.

9. Birthplace: Clinton (City, town, or county) Mo (State or foreign country)
10. Usual occupation: laborer
11. Industry or business:
FATHER 12. Name: Evert Greer
13. Birthplace: not known (City, town, or county) Va. (State or foreign country)
MOTHER 14. Maiden name: Lititia Hunter
15. Birthplace: not known (City, town, or county) Va. (State or foreign country)
16. (a) Informant: Mrs. Lovonia Greer
(b) Address: 101 & Blue River Road
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn
18. (a) Signature of funeral director: Bentley Mortuary
(b) Address: 5811 Troost
19. (a) 1-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 14 year 1948 hour 10:30 minute a.m.
21. I hereby certify that I attended the deceased from Chronic, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Uremia	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 4 yr	
Major findings: Of operations:	
Of autopsy: yes as above	

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: Jennie Walker (M. D. or other)
Address: 1924 Prospect Ave Date signed 1-14-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Dale A. Oldfield, Registered Apprentice No. 31, working under my personal supervision.

Signed Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. 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.