. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16626

FILED JUN 8 1948

Registration District No. 750 Primary Registration District No. 5572 Registrar's No. 109

1. PLACE OF DEATH:

(a) County Jackson.
(b) City or town Rural Prairie.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: J. C. Emery Hosp 0
(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 6 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town Lee's Summit. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 102 N. Douglas. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Winnie Greer.
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex F. 1
5. Color or race Wh.
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife - 7 -
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) 16 (Day) 63. (Year)

8. AGE: Years 85 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Vermont. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Unknown
11. Industry or business 9
FATHER
12. Name
13. Birthplace
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name 1
15. Birthplace
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Bernice Shepperd
(b) Address Lee's Summit Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lee's Summit Mo
18. (a) Signature of funeral director N B Langsford
(b) Address Lee's Summit Mo
19. (a) MAY 29 1948 (Date received local registrar) (b) Donald C. Eamshaw (Registrar's signature) 370

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25
year 48 hour 1 minute 52 P.M.
21. I hereby certify that I attended the deceased from 5-21, 1948, to 5-25, 1948
that I last saw her alive on 5-25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage days.
Due to Gen. arteriosclerosis yrs.
Due to
Other conditions: Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 Frank E. Treharse M.D.
Address Independence, Mo Date signed 5/26/48

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 N. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lees Summit 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.