

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8391**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1184**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR Town Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR Town Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital		d. STREET ADDRESS (If rural, give location) 508 Knickerbacher Place	
3. NAME OF DECEASED a. (First) Irene		b. (Middle) K.	
c. (Last) Greene		4. DATE OF DEATH (Month) (Day) (Year) March 14, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 16, 1898
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME David Kaufman		13b. MOTHER'S MAIDEN NAME Cecelia (unknown)	
14. NAME OF HUSBAND OR WIFE Joe Greene			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Joe Greene		ADDRESS 508 Knickerbacher Place, K.C.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 10 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Aneurysm - middle cerebral artery, left? DUE TO (c) Congenital causes (aneurysm) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 46	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-4 , 19 49 , to 3-14 , 19 49 , that I last saw the deceased alive on 3-14 , 19 49 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE B. Marcus Heller (Degree or title) M.D.		23b. ADDRESS 416 Bryant Bldg	
23c. DATE SIGNED 3-14-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/15/49	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Philadelphia, Pa.	
DATE REC'D BY LOCAL REG. 3/15/49		REGISTRAR'S SIGNATURE Sheraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE J.P. Louis Funeral Home, K.C., Mo.		ADDRESS 3400 Rossland,	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Guy Buffington

Licensed Embalmer No. _____

2756

Signed _____

Student Embalmer

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.