

FILED MAR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8379**
971

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

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. LENGTH OF STAY (in this place) **Unknown**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **2930 Main Street (rear)**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

d. STREET ADDRESS (If rural, give location) **Unknown 2930 Main St.**

3. NAME OF DECEASED

a. (First) **Unknown** b. (Middle) **Infant** c. (Last) **Greiner**

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 28, 1952

5. SEX
Male

6. COLOR OR RACE
White

7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED)

8. DATE OF BIRTH
Unknown, about

9. AGE (In years last birthday) **1** **IF UNDER 1 YEAR** (Days) **1** **IF UNDER 1 HOUR** (Hours) **1** **IF UNDER 1 MIN.** (Min.) **1**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Unknown

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME
Unknown

13b. MOTHER'S MAIDEN NAME
Unknown Ruth Greiner

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME **Coroner's Office, K. C., Mo.** **ADDRESS**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cause of death unknown**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____

DUE TO (c) Burns Rt. side Body

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Found in an Incinerator

INTERVAL BETWEEN ONSET AND DEATH
2930 16

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
Parents Unknown

20. AUTOPSY?
YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Hugh H. Owens** (Degree or title)

23b. ADDRESS **1034 Rio Rio Bldg**

23c. DATE SIGNED **2-29-52**

24. BURIAL, CREMATION, REMOVAL (Specify) **24a. DATE** **4-30-1952**

24c. NAME OF CEMETERY OR CREMATORY **Forest Hill**

24d. LOCATION (City, town, or county) (State) **Kansas City, Mo.**

DATE REC'D BY LOCAL REG. **2-29-52**

REGISTRAR'S SIGNATURE **Geraldine Holmes**

25. FUNERAL DIRECTOR'S SIGNATURE **Mellody-McGilley-Eylar** **ADDRESS** **Kansas City, Mo.**

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

008

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.