

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

20893  
 Do not use this space.

REC'D JUL 12 1938

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 379  
 (b) Township Kaw Primary Registration District No. 102  
 (c) City Kansas City (d) Street No. 3703 Benton Blvd. St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

James Locke Green  
 (a) Residence, No. 3703 Benton Blvd. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Minnie C. Green</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21, 1865</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>xxx</u>	DAYS <u>19</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>College Representative</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) ..... <u>Mo.</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>James L. Green</u>	
	14. BIRTHPLACE (CITY OR TOWN) ..... <u>Ky.</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Eliza Ann Locke</u>	
	16. BIRTHPLACE (CITY OR TOWN) ..... <u>Ky.</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs. Minnie Green</u> (ADDRESS) <u>3703 Benton Blvd. K. C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> PLACE <u>St. Mariah</u> DATE <u>6/11/38</u>		
19. FUNERAL DIRECTOR <u>W. F. Mayberry</u> (ADDRESS) <u>2315 Linwood Blvd. K. C. Mo.</u>		
20. FILED <u>June 10 1938 M. M. Brown</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/10/38 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept-26, 1936, to 6/10, 1938  
 I last saw him alive on 6/9, 1936 Death is said to have occurred on the date stated above, at 5:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
hypertension  
senility  
 Date of onset 6/8/38

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_  
 (Signed) J. P. Carrick, M. D.  
 (Address) 1722 W. 39th St. K. C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1722-60 396  
Va 3434

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**