

REC'D MAY 10 1939

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

13903

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 100 Registered No. 1657
(c) City J.C.M. (d) Street No. Conley Clinical Hosp 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

(a) Residence, No. 6511 HENRY HUDSON GREEN St. GARNETT, KANS.
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1918

7. AGE YEARS 21 MONTHS _____ DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc. N.Y.A.
10. Date deceased last worked at this occupation (month and year) APRIL 1939 11. Total time (years) spent in this occupation 110

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MAPLE WOOD MO.

13. NAME HENRY G. GREEN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WAYNE CO. IOWA

15. MAIDEN NAME GLDIE L HENSLEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LIVINGSTON CO. MO

17. INFORMANT FATHER, Henry G. Green (ADDRESS) Garnett Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Garnett Kans. DATE 4/20 1939

19. FUNERAL DIRECTOR Stine & McClure K.C. (ADDRESS) K.C. Mo.

20. FILED Apr 20 1939 M.M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1939, to Apr 20, 1939

I last saw h. j. m. alive on Apr 20, 1939 Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset April 15-39

Other contributory causes of importance:

Influenza and Septicemia 4-1-39
4-17-39

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) Dr. R. B. Vaughan

(Address) 616 Chamberl City Kansas City Mo

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

N. B.—Every item of information should be carefully supplied. AGE MUST 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.

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.)