

DEC'D MAY 16 1939

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

15093

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
(b) Township Marie Primary Registration District No. 5553B Registered No. 87
(c) City Little Blue Mo. (d) Street No. Jackson County Emergency Hosp. St.
(e) Length of residence in city or town where death occurred 650 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 10201 East 9th St. K.C. Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georgina Early Green
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-30-1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 2 2
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. (Unemployed)
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Winky, Missouri

FATHER 13. NAME John Eli Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

MOTHER 15. MAIDEN NAME Theresa Little
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Kentucky

17. INFORMANT Mrs. Thomas Holland
(ADDRESS) 10201 E. 9th Fairmont K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 4/5 1939

19. FUNERAL DIRECTOR (ADDRESS) Debberson Independence, Mo.

20. FILED 4/13 1939 Sarah B. Barnes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-29-39 1939, to 4-2- 1939

I last saw him alive on April 1 1939. Death is said to have occurred on the date stated above, at 12:15 P.M.

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

Cardiac decompensation?

Other contributory causes of importance: 45 hr

Terminal bronchopneumonia 3:30:39

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? _____
If so, specify _____

(Signed) Maurice L. Jones, M. D.
732 (Address) Little Blue, Mo.

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.)