

AUG 7 1939

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

24436

Do not use this space.

2649

1. PLACE OF DEATH

(a) County..... Jackson 3 Registration District No. 399
(b) Township..... Kaw Primary Registration District No. 1002 Registered No. 2649
(c) City..... K. C. Mo. (d) Street No. 3535 College Avenue, K. C. Mo. 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

657 Mary Susan Green,
(a) Residence, No. Polo, Missouri. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28th, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 2 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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) Illinois 1FATHER 13. NAME David Garber 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 9MOTHER 15. MAIDEN NAME No Record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record17. INFORMANT (ADDRESS) Mr. George Green, Polo Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery DATE July 3rd, 3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C.L. Forster 918 Brooklyn Avenue, K. C. Mo.20. FILED July 2 1939 M. M. Crown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st, 193922. I HEREBY CERTIFY, That I attended deceased from June 24, 1939, to July 1, 1939I last saw him alive on July 1, 1939. Death is said to have occurred on the date stated above, at 1:35 P.M.

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

History - about 2years agoAdenocarcinoma of Stomach46Other contributory causes of importance: Stomach pain from stomach and bowelsName of operation None Date of noWhat test confirmed diagnosis Biopsy 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) H. A. Herberg M. D.(Address) 618 Professional BldgK. C. Mo.

Dr. Norberg

Phone 412 1117 (R) (S)

532 E 54 (R)

210840 Brooklyn (R)

Va. 835-1

Therapy R.N.

Dr. Norberg

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Benjit Browning

Licensed Embalmer No. 2724

P. O. Address 918 Brooklyn

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, above space should be left blank.