

1939 AUG 7

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

24663
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City W.C. (d) Street No. General # 2 Registered No. 2876 St. _____
 (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 A. Green I James A. Green)
 (a) Residence, No. 2206625 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosie Green
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Seaman
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) Montgomery Co. Mo.
 FATHER 13. NAME J. A. Green 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Unknown 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Rosie Green (ADDRESS) 2206625
 18. BURIAL, CREMATION OR REMOVAL PLACE Hyg. Dept. DATE July 17, 1939
 19. FUNERAL DIRECTOR (ADDRESS) K. Ennis
 20. FILED July 17, 1939 M. M. Brome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12-39 19
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, 19____
 I last saw _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Hypertensive Myocardial
Atrial Fibrillation
 Date of onset _____
 Other contributory causes of importance: 92.5
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? _____
 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) Quell W. Jensen, M. D.
 (Address) _____

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.

STATEMENT BY LICENSED EMBALMER

I, B. L. Graham, Licensed Embalmer No. 2540.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by B. L. Graham

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed B. L. Graham
Licensed Embalmer No. 2540.

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.)

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo
County of Jackson ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2876

On this 19 day of June, 1941, before me appears Luella Wilcox, who, upon the oath, states that the original record of birth death for James A. Green died 7-12, 1939, in the State of Missouri, and which was filed at K6 on 7/17, 1939, should be corrected as follows:

- Item No. 2 should read James A. Green
Instead of Joseph A. Green
- Item No. should read

The above is true to the best of my knowledge, information and belief.

(SEAL) ,

Affiant Luella Wilcox Daughter
Relationship. 2530 Woodland, K.C. Mo
Present Address.

Subscribed and sworn to before me this 19 day of June, 1941

My Commission expires Apr 27, 1943 Margaret M. Crowe Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

24663