DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42184

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4593

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.

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1317 Michigan 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ In this community 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri 1 (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 1317 Michigan
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: 650 Charles A. Greene

3. (b) If veteran, name war: _____

3. (c) Social Security No. 079-05-8713

4. Sex: M

5. Color or race: Col.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary Green

6. (c) Age of husband or wife if alive: 39 years

7. Birth date of deceased: February 27, 1896 (Month) (Day) (Year)

8. AGE: Years 43 | Months 9 | Days 3 | If less than one day _____ hr. _____ min.

9. Birthplace: Moberly (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Waiter 1

11. Industry or business: 0

FATHER
12. Name: Henry T. Greene
13. Birthplace: Waco (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name: Minnie Tolbert
15. Birthplace: Missouri (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature: Miss Susie C. Green
(b) Address: 1317 Michigan Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12-2-39 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: Watkins Bros.
(b) Address: 1729 Lydia

19. (a) Dec. 2, 1939 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30 day November year 1939 hour _____ minute 3:45 P.M.

21. I hereby certify that I attended the deceased from Dec 2, 1937 to Nov 30, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension — Heart Disease — 9 1/12 — Duration

Due to: — 9 1/12

Due to: _____

Other conditions (Include pregnancy within 3 months of death): _____

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ~~None~~

(b) Date of occurrence ~~None~~

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature: F. C. Perry (M. D. or other)

Address: 1214 Vine Date signed 12/1/39

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1944

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 Robert Moore Adams, Registered Apprentice No. 178, working under my personal supervision.

Signed T. B. Hatkins

Licensed Embalmer No. 2889

P. O. Address 1729 Lydia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.