

FILED MAR 13 1940
Registration District No.

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Mary's Hospital
(d) Length of stay: In hospital or institution 20 days
In this community all her life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 400 Westover Road

3. (a) PRINT FULL NAME Miss Elizabeth A. Green
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 3rd
year 1940 hour 4 minute 15 P. M.

4. Sex Fe 5. Color or race Nh
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 25 1870

21. I hereby certify that I attended the deceased from 1-30-40
to 2-3-40
that I last saw her alive on 2-3-40
and that death occurred on the date and hour stated above.
Immediate cause of death Labor pneumonia

8. AGE: Years 69 Months 4 Days 8
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Kansas City Missouri

Other conditions acute otitis media

10. Usual occupation Secretary

11. Industry or business Green Bros. Merc. Co.

12. Name Thomas Green

13. Birthplace Ireland

14. Maiden name Budget Smith

15. Birthplace Ireland

16. (a) Informant's own signature J. M. Brown
(b) Address 400 Westover Road

17. (a) Burial (b) Date thereof 2-6-40
(c) Place: burial or cremation Mt. St. Mary's Cem.

18. (a) Signature of funeral director J. M. Brown
(b) Address 1111 N. W. Ave.

19. (a) Feb. 5, 1940 (b) Registrar's signature M. H. Crowe

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature M. J. Owens (M. D.) _____
Address 406 Grand Ave Date 2/5/40

WHEN FILLING IN THIS FORM USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Realtor
11-28-13

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 *Cecil R. Matthews*

Licensed Embalmer No. *3807*

P. O. Address *K. C. Mo*

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.