FILED JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20943

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 2560

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: General Hospital #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5-23-40-6-21-40 (Specify whether years, months or days)

In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson

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

(d) Street No.: 2317 Forest Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME: Richard Green 650

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: Negro

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

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

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

7. Birth date of deceased: 12 (Month) 21 (Day) 1885 (Year)

8. AGE: Years 54 | Months 6 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace: Pine Bluff (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation: None

11. Industry or business: /

FATHER

12. Name: Alex Green

13. Birthplace: Pine Bluff (City, town, or county) Arkansas (State or foreign country)

MOTHER

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) ____ (State or foreign country)

16. (a) Informant's own signature: Record Clerk

(b) Address: General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-26-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Westlawn K C K

18. (a) Signature of funeral director: Flynn & Greenstreet

(b) Address: 1819 E. 15th K C Mo.

19. (a) June 24, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21 year 40 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-23- 19 40 to 6-21 19 40 that I last saw him alive on 6-21- 19 40 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	one month
Due to: undetermined 46	
Due to:	
Other conditions (Include pregnancy within 3 months of death): carcinoma of colon	?
necessitating a colostomy	
Major findings: Of operations: Colostomy done university of Kansas hospital	
Of autopsy: no 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):

(b) Date of occurrence:

(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? (c) Means of injury: /

23. Signature: S. C. Gurnee (M. D. or other)

Address: Gen. Hosp. #2 Date signed 6-21

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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.

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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.....

Licensed Embalmer No. 3876

P. O. Address 1819 E 15th Tacoma

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

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