

S. No. 2
M-1-4-41
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13514

State File No.

1495

Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

18
3
8

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** 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days **Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson** 48

(c) City or town **Kansas City** 3
(If outside city or town limits, write "RURAL")

(d) Street No. **4234 East 51st terrace** 8
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____ 11

3. (a) PRINT FULL NAME **JAMES WESLEY GREEN**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **492-14-0269**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day **4-15-41**
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
and that he died on the date and hour stated above.

Immediate cause of death _____
Shot wound of the head

Duration _____

4. Sex **Male** 0

5. Color or race **White**

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

6. (b) Name of husband or wife **Xilon Ray Green**

6. (c) Age of husband or wife if alive **20** years

7. Birth date of deceased **June 10, 1918**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

22 **10** **5**

hr. _____ min. _____

9. Birthplace **Kansas City, Mo.** 0
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business **Formerly with American Butter Co.**

MOTHER FATHER

12. Name **Charles S. Green**

13. Birthplace **Missouri** 0
(City, town, or county) (State or foreign country)

14. Maiden name **Abbie M. Barrett**

15. Birthplace **Kansas** 1
(City, town, or county) (State or foreign country)

16. (a) Informant **Xilon Ray Green**

(b) Address **3731 East 9th St.**

17. (a) **Burial** (b) Date thereof **April 17, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crookery Co. (K.C. Mo.)**

18. (a) Signature of funeral director **Thomas E. Wark Funeral Home**
(b) Address **4316 Troost Ave.**

19. (a) **Apr 15, 1941** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: **164**

Of operations _____

Of autopsy **Yes**

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) **suicide**

(b) Date of occurrence **4-15-41**

Where did injury occur? **K.P. Mo.** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Yes**

23. Signature **Thomas E. Wark** (M. D. or other) **3**
Address **K.P. Mo.** Date signed _____

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

John L. Turk

Licensed Embalmer No.....

3775

P. O. Address.....

A. 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, fact should be so stated above.