

0-2  
13-40  
7-39  
X23159

FILED MAY 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13589  
1570  
Registrar's No. \_\_\_\_\_

Registration District No. 359

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson,  
(b) City or town Kansas City,  
(c) Name of hospital or institution:  
711 West 35th Street,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
In this community 40 years,  
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Mrs. Beulah L. Green,  
3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed,  
6. (b) Name of husband or wife A. S. Green, 6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased. April 10 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 0 9 0 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name John P. Logan,  
13. Birthplace Missouri,  
(City, town, or county) (State or foreign country)  
14. Maiden name Ruth Carle,  
15. Birthplace Missouri,  
(City, town, or county) (State or foreign country)

16. (a) Informant Amelia E. Gregory,

(b) Address 711 West 35th St., K. C., Mo.

17. (a) Burial (b) Date thereof 4-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Apr 21 1941 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County Jackson  
(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 711 West 35th Street,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th  
year 1941 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from 2:30 P.M. 4-19-40  
to Apr 19 1941  
that I last saw her alive on Apr 18 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis  
Duration about 3 mo

Due to Chronic Pernicious anemia 9 3/4  
Due to \_\_\_\_\_

Other conditions arteriosclerosis 1 1/2  
(Include pregnancy within 3 months of death)

Major findings: Of operations none 9 3/4  
Of autopsy none  
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) no  
(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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature H. H. Lane MD. (M. D. or other)  
Address 906 Grand Ave Date signed 4-19-41

Dr. H. H. Lane,

12-3154  
Rue to Bedg

**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.....

*Willis H. Bennett*

Registered Apprentice No. *282*

working under my personal supervision.

Signed *E. M. Plank*

Licensed Embalmer No. *1848*

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, fact should be so stated above.