. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20791

Registration District No. FILED JUL 3 1941 399

Primary Registration District No. 1002

Registrar's No. 2321

048 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: 0 Wheatley Provident Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: June 13-14 (Specify whether years, months or days)

In this community: —

2. USUAL RESIDENCE OF DECEASED: 048 3 8

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

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

(d) Street No.: 2530 Woodland (If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME: Rosa H. Green

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: F

5. Color or race: Col.

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

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

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

7. Birth date of deceased: August (Month) 15 (Day) 1878 (Year)

8. AGE: Years 62 | Months 9 | Days 29 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: Housework

11. Industry or business: .....

FATHER
12. Name: Major L. Birch
13. Birthplace: Ky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Winnie James
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Vuelta Wilcox
(b) Address: 2530 Woodland

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 6/18/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland

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

19. (a) 6/18/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th year 1941 hour 3 minute 05 A. M.

21. I hereby certify that I attended the deceased from 6/12/41 19.. to 6/14/41 3:05 AM 19.. that I last saw h. alive on ..... 19.. and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis

Due to: Obesity

Due to: Obesity

Other conditions: no. (Include pregnancy within 3 months of death)

Major findings: Of operations: none

Of autopsy: none

Duration

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: no.

(c) Where did injury occur? no (City or town) — (County) — (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no. no. (Specify type of place)

While at work? no (e) Means of injury: no

23. Signature: Henry B. Lyons (M. D.)

Address: 1605 Ft. Ave. Date signed: 6/17/41

(Licensed Embalmer's Statement on Reverse Side)

N. B. Lyons.

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 J. Manlove

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St

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.