

No. 2  
-1-4-41  
-17-39

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37342

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4136

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1309 East 17 St /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **18 Yrs** (Specify whether years, months or days)

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. **629 North Olive**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

**Joe Green**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11-12-41** Day **12** hour **2:10 P.** minute

21. I hereby certify that I attended the deceased from **11-12-41** 19...  
that I last saw him alive on **11-12-41** 19...  
and that death occurred on the date and hour stated above.  
Immediate cause of death

3. (b) If veteran, name was **None** 3. (c) Social Security No. **487-07-3543**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ione Mae Green** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **Mar. 20 1888**  
(Month) (Day) (Year)

8. AGE: Years **53** Months **7** Days **17** If less than one day hr. min.

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

10. Usual occupation **Boiler Maker**

11. Industry or business **Kansas City Boiler Works**

12. Name **Mike Green**

13. Birthplace **No Record**  
(City, town, or county) (State or foreign country)

14. Maiden name **No Record**

15. Birthplace **No Record**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ione Mae Green**

(b) Address **629 North Olive**

17. (a) **Burial** (b) Date thereof **Nov 9 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Washington Cem.**

18. (a) Signature of funeral director **Mrs. C.L. Forster**

(b) Address **(918 Brooklyn**

19. (a) **11-9-41** (b) **M. J. Crow**  
(Date received local registrar) (Registrar's signature)

Duration  
**Delayed Hemorrhage**  
**Exploded Aorta**  
**Crushing Injury of Chest**  
Other conditions (Include pregnancy within 3 months of death) **176-6**

Major findings:  
Of operations **5**  
Of 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) **Accidental**  
(b) Date of occurrence **11-12-41**  
(c) Where did injury occur? **ICC Jackson Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Industrial** (Specify type of place) **Boiler Exploded**  
While at work? (e) Means of injury

23. Signature **Russell** (M. D. or other)  
Address **Kans** Date signed

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

11-12-41

**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 *me*

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *L. H. Wise*

Licensed Embalmer No. *2570*

P. O. Address *K. Q. 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.**