

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **4689**

Registration District No. **299**

Primary Registration District No. **1002**

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:
1714 Park
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **16 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 148**
 (c) City or town **Kansas City** **3**
1714 (If outside city or town limits, write "RURAL") **8**
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country. **0**

3. (a) PRINT FULL NAME **Katherine Fuller Green**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Fe 3** 5. Color or race **Col** 6. (a) Single, widowed, married **Divorced**
 3 divorced

6. (b) Name of husband or wife **Arthur Green** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **September 7, 1919**
(Month) (Day) (Year)

8. AGE: Years **22** Months **3** Days **6** If less than one day
 hr. min.

9. Birthplace **Van Buren** | **Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **General Housework**

11. Industry or business

12. Name **Clem Fuller**
 13. Birthplace **Van Buren** | **Arkansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Tina Williams**
 15. Birthplace **Van Buren** | **Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Tina Whiteside**
 (b) Address **1714 Park**

17. (a) **burial** (b) Date thereof **12/18/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Stokins Bros.**
 (b) Address **1729 Lydia**

19. (a) **Dec 17 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **13th**
 year **1941** hour **3** minute **0** M.

21. I hereby certify that I attended the deceased from **10-2-41** to **12-3-41**
 that I last saw him alive on **12-3-41** and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis of Intestinal Tract (SIB)**
 Due to **2 months**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings: **no**
 Of operations **no**
 Of autopsy **no**

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?

While at work? **no** (Specify type of place) (e) Means of injury **0**

23. Signature **M. M. Crowe** (M. D. or other)
 Address **2200 E 18** Date signed **12-17-41**

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

MOTHER FATHER

48
3
8

Haugh

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 *2503 Highland*

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.