

DEC 31 1941 404

Registration District No.

Primary Registration District No. 555 R

Registrar's No.

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

1. PLACE OF DEATH
 (a) County Jackson
 (b) City or town Grandview, Mo. (outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community life years, months or days

3. (a) PRINT FULL NAME WILLIAM EVERETT GREEN
 3. (b) If veteran, name, war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 12 1931
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>10</u> | <u>2</u> | <u>26</u> | hr. _____ min. |

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

10. Usual occupation school boy

11. Industry or business _____

12. Name James Ralph Green
 13. Birthplace Lawry Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Brenda Olson
 15. Birthplace Hampden N. D.
 (City, town, or county) (State or foreign country)

16. (a) Informant Ralph Green
 (b) Address Grandview Mo.

17. (a) Burial (b) Date thereof Dec 11, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton Mo.

18. (a) Signature of funeral director E. H. George & Sons
 (b) Address Grandview Mo.

19. (a) 12-13-41 (b) Mr. J. S. Brennan
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Grandview
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 9
 year 1941 hour 11 PM minute _____ M.

21. I hereby certify that I attended the deceased from Dec 10, 1941, to Dec 9, 1941;
 that I last saw him alive on Dec 9th, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Cardiac Distention

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 95c
 Of autopsy _____

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? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature R. F. Bramard (M. D. or other) D
 Address _____ Date signed 12-10-41

Duration Dr. J. S. Brennan
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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..... *A. K. George*

Licensed Embalmer No..... *3645-*

P. O. Address..... *Grandview, 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.