

FILED APR 8 1942

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1207

1. PLACE OF DEATH: Jackson  
 (a) County Kansas City  
 (b) City or town Kansas City  
 (c) Name of hospital or institution 1112 East 14th, 3rd Fl.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 years  
 In this community 5 years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (d) Street No. 1112 East 14th St., 3rd Fl.  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Maggie Green  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 20th  
 year 1942 hour 4 minute 30 A.M.

4. Sex Fe 3 5. Color or race Col  
 6. (a) Single, widowed, married, divorced 3 Divorced  
 6. (b) Name of husband or wife William Green  
 6. (c) Age of husband or wife if alive 68 years  
 7. Birth date of deceased December 18, 1882  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1  
1942 to 3-20-1942  
 that I last saw her, alive on 3-20-1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 3 Days 2  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Acute Myocardial Infarction  
 Due to hypertensive sclerotic  
 Due to 338

9. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation At Home

Other conditions mucous Colitis & Nephritis  
 (Include pregnancy within 3 months of death)  
Interstitial Acute  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: 338

11. Industry or business \_\_\_\_\_  
 12. Name George Miller  
 13. Birthplace Ky.  
 14. Maiden name Carrie  
 15. Birthplace Ky.

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Beatrice Grant  
 (b) Address 1112 East 14th St.  
 17. (a) burial (b) Date thereof 3/26/42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lincoln Cemetery  
 18. (a) Signature of funeral director Waltham Bros.  
 (b) Address 1729 Lydia  
 19. (a) 3-26-42 (b) M. N. Crown  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence no  
 (c) Where did injury occur? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_  
 23. Signature W. D. Williams (M. D. or other) \_\_\_\_\_  
 Address 1605 E. 18th Date signed \_\_\_\_\_

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

48  
3  
8

048  
38

MOTHER FATHER

**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

*Joseph J. Marlowe*

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.**