

FILED NOV 9 1942

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 79

24
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clay
(b) City or town P.R. # 2 Liberty Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maple Park Addition North R.C.M.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 74 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay ²⁴
(c) City or town P.R. # 2 Liberty Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3rd
year 1942 hour 4:50 minute P. M.
21. I hereby certify that I attended the deceased from 8-26-42
1942 to Oct 3rd 1942
that I last saw him alive on Oct 3rd 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy
Basal
Due to apoplexy
Due to arteriosclerosis

Duration

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME WILLIAM HIRIAM GREEN

3. (b) If veteran, name war no 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Oct 4 - 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 29 If less than one day hr. _____ min. _____

9. Birthplace: Platte County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Retired

12. Name Othavile Green

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Sarah Elizabeth Hazard

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Elic V. Green

(b) Address 1334 Yecker St. R.C., Kans.

17. (a) Burial (b) Date thereof 10/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Smithville Mo

18. (a) Special funeral arrangements John S. Worley Funeral Home

(b) Address North R.C., Mo.

19. (a) Oct 5 - 1942 (b) Paul W. Henry
(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 _____
(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? _____

18. (e) Means of injury _____ (Specify type of place) write at work?

23. Signature Paul W. Henry (M. D. or other) _____
Address North Ransom City Date 10/4/42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-6-47

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 _____

Olson E. Hodges

Licensed Embalmer No. _____

2729

P. O. Address _____

North Kansas City 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.