

FILED DEC 3 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4761

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: LAKESIDE-HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 hours
(Specify whether years, months or days)

In this community 15 hours.

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County 999

(c) City or town QUENEMO 14
(If outside city or town limits, write "RURAL")

(d) Street No. _____ 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Jo Ann Darlene Green

3. (b) If veteran, name war XXXXXXX

3. (c) Social Security No. XXXXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 6TH
year 1943 hour 1:50 minute A.M.

4. Sex Fe

5. Color or race W.

6. (a) Single, widowed, married, divorced, Infant

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased: Nov 5 - 42
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10:00 PM
11/5, 1943, to 1:50 AM, 1943;
that I last saw h.e.r. alive on 1:50 A.M. 11/6, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death LOBAR PNEUMONIA

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>1</u>	<u>27</u>	<u>hr. min.</u>

Due to INFECTION

Due to 108

9. Birthplace QUENEMO, KANS.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation none

Major findings: Of operations none

11. Industry or business none

12. Name JOSEPH - QUENEMO Green

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

14. Maiden name Myrtle Gragg

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

Of autopsy none

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

16. (a) Informant Joe Green

(b) Address Quenemo, Kas.

17. (a) Burial @ Quenemo, Kansas (b) Date thereof 11-8-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas

18. (a) Signature of funeral director T. P. McVey

(b) Address Ottawa, Kas.

19. (a) 11-11-43 (b) T. E. Brown
(Date received local certificate) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) XXXXXX

(b) Date of occurrence XXXXXX

(c) Where did injury occur? XXXXXXXXXX
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
XXXXXXXXXX

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature B. W. Blackman, M. D. Graham
(M. D. or other) P.O.

Address Lakeside Hospital Date signed 11/6/43

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

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.....

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

Signed *Harold Roe*.....

Licensed Embalmer No. *2810*.....

P. O. Address *17 E 2nd*.....

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.