V. S. No. 2
00M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41005

FILED JAN 3 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5320

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 Days (Specify whether years, months or days)

In this community: 63 Years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City Missouri
(If outside city or town limits, write "RURAL")

(d) Street No.: 5825 Rockhill Road 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Mrs. Teresa Mullen GREEN

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Harry E. Green

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: December (Month) 17th (Day) 1880 (Year)

8. AGE: Years 62 | Months 11 | Days 27 | If less than one day: hr. min.

9. Birthplace: Kansas City (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At Home

MOTHER FATHER

12. Name: James Mullen

13. Birthplace: Unknown (City, town, or county) Ireland 4 (State or foreign country)

14. Maiden name: Mariah Davis

15. Birthplace: Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant: Harry E. Green

(b) Address: 5825 Rockhill Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Mellody-McGilley

(b) Address: Kansas City Missouri

19. (a) 12-16-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1943 hour 9 minute 15 P M.

21. I hereby certify that I attended the deceased from Jan 1942, 19__ to Dec 14 1943, 19__ that I last saw her alive on 12-14 1943, 19__ and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	6 mo
Due to: Mitral Stenosis	years
Due to: Hypertension	years
Other conditions (Include pregnancy within 3 months of death): 93e	

Major findings:
Of operations:
Of autopsy: Above Findings

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: [illegible] M.D. (M. D. or other)

Address: [illegible] Mo Date signed: 12/15/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2997

P. O. Address.....

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.