

FILED FEB 10 1944

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: APT #607
235 WARD PARKWAY - LOCARNO APT. HOTEL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 YEARS
years, months or days

3. (a) PRINT FULL NAME MRS. JESSIE M COOPER GREEN

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife MR. FRED GREEN 6. (c) Age of husband or wife if alive UNKNOWN years

7. Birth date of deceased JANUARY 22 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 29 If less than one day hr. _____ min.

9. Birthplace BAXTER SPRINGS KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN M. COOPER

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

14. Maiden name EMILY LITTLE

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

16. (a) Informant MR. IRVE W. CHILDS

(b) Address LINCOLN, NEBRASKA

17. (a) BURIAL (b) Date thereof JAN 21 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BAXTER SPRINGS, KANS.

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 1-21-44 (b) TE Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 235 WARD PARKWAY - LOCARNO APT. HOTEL
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 20TH
year 1944 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct 1, 1943
_____ 19 _____ to Jan 20, 1944 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Duration _____

pancreas

Due to Carcinoma of Head of

pancreas

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

Major findings: _____

Of operations 46g

Of autopsy Carcinoma of head of pancreas

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 Richard L. Lelone (M. D. or other) M.D.
Address Phys. Med. Bldg Date signed 1-22-44

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

DEC 4 1945

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.....

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.