

Registration District No. 149

Primary Registration District No. 1002

Registrar's 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:
2450 Brooklyn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 20 Years
years, months or days)

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. 2450 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JULIA BELLE GREEN

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Joseph Green 6. (c) Age of husband or wife if alive dw years

7. Birth date of deceased June 10, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 2 hr. min.

9. Birthplace Big Springs, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Chas. Lee

13. Birthplace Franklyn Co., Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Living

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

16. (a) Informant Della Mae Jones
(b) Address 2450 Brooklyn

17. (a) Burial (b) Date thereof 1/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hackins Bros.

(b) Address 1729 Lydia Avenue
(c) Date received local registrar Dec 31 1943 (Registrar's signature) H. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 31 day Friday
year 1943 hour 11:05 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 3, 1943, to Dec 31, 1943
that I last saw her alive on Dec. 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Left Foot Duration 27 days

Due to Diabetes Mellitus 7 yrs

Due to _____

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.

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) (c) Manner of injury _____

23. Signature Phyllis C. Lewis (M. D. or other) MD
Address Lincoln Bldg Date signed 1/3/44

M. L. Lewis

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.....

D. J. Manlove

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.