No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 31 1944

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17473

Primary Registration District No. 1000

Registrar's No. 542

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2718 South 22nd 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 821 East 11th 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 4

3. (a) PRINT FULL NAME: ROBERT EUGENE GREEN
3. (b) If veteran, name war: none
3. (c) Social Security No.: None
4. Sex: male 0
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: July (Month) 7 (Day) 1919 (Year)

8. AGE: Years 24 | Months 9 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Joseph (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: none
11. Industry or business:
MOTHER FATHER
12. Name: Herbert F. Green
13. Birthplace: Gallatin (City, town, or county) Missouri 0 (State or foreign country)
14. Maiden name: Sadie M. Frederick
15. Birthplace: St. Joseph (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: Herbert F. Green
(b) Address: 821 East 11th Kansas City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5/31/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn
18. (a) Signature of funeral director: Newton Bebble & Bowman
(b) Address: 319 South 10th
19. (a) 5/29/44 (Date received local registrar) (b) Helen L. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1944 hour 9 minute 35 A M.
21. I hereby certify that I attended the deceased ~~from~~ Viewed on May 27th 1944, to ____, 19____; that I last saw h. alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tumor of the brain	18 yrs.
Due to: Grand mal	18 yrs.
Due to: Hemiplegia right side	15 yrs.
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Man has been in poor health following a brain tumor operation in	
Of operation:	
Of autopsy: No. 1925 with Grand mal seizures and defective mentality	

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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:
23. Signature: H. F. Mundy Coroner (M. D. or other)
Address: 404 So 3d St Date signed: 5/27/44

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(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 Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.