

DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH
FILED SEP 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30126
Registral's No. 3652

Registration District No. 149

Primary Registration District No. 1002

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

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:
1212 AGNES AVENUE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -----
In this community 40 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 1212 AGNES AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ----- 1

3. (a) PRINT FULL NAME MR. ERNEST CLAUDE GREEN
3. (b) If veteran, name war NO
3. (c) Social Security No. 495-052522

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month SEPT day 7 TH
year 1944 hour 12 minute 10 P. M.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS MYRTLE GREEN
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased MAY 1 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 5, 1944 to September 7, 1944 that I last saw him alive on September 7, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 4 Days 6 If less than one day hr. min.

Immediate cause of death Carcinomatous Hepatoma
Due to Carcinoma of the liver
Due to 46 f'
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy No

9. Birthplace WYANDOTTE COUNTY KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation PAINTER

11. Industry or business JONES STORE

12. Name MENDICK GREEN

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

14. Maiden name DELORA NEVILLE

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

16. (a) Informant MRS MYRTLE GREEN

(b) Address 1212 AGNES AVENUE

17. (a) BURIAL (b) Date thereof SEPT-9-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEM.

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

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-9-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury
23. Signature Edward C. Towel (M. D. owner)
Address 738 Argyle Bldg. P. O. Box 96 Date signed Sept 8/44

Angela Bell

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 *Edward H. Heston*
Licensed Embalmer No. *1767*
P. O. Address *110 Mo*

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.