

FILED MAR 9 1945  
Registration District No. 72

Primary Registration District No. 1000

State File No. \_\_\_\_\_

Registrar's No. 183

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:  
2316 Sylvania  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 45 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2316 Sylvania  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Katherine Green

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16  
year 1945 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James M Green

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 21 1871  
(Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum (Primary)

Duration ?

8. AGE: Years 73 Months 6 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions Met Carcinoma of vag. Dec 144  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Samuel Stover

Of autopsy WAV

13. Birthplace Ind 1  
(City, town, or county) (State or foreign country)

14. Maiden name Roxie Ann

15. Birthplace Ind 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ethel Miller

(b) Address St Joseph, Mo

17. (a) Burial (b) Date thereof 2-19-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn Cem

18. (a) Signature of funeral director Fleeman Yson Inc

(b) Address St Joseph, Mo

19. (a) 2-19-45 (b) Nelen J. Triple  
(Date received local registrar) (Registrar's signature)

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 Fant Woodman (M. D. or other) \_\_\_\_\_

Address 620 Bruce Date signed 2/19/45

(Licensed Embalmer's Statement on Reverse Side)

1377

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

11  
1  
7

**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~~.....

working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*Robert H. Yaph*

Licensed Embalmer No. ....

*3308*

P. O. Address.....

*St Joseph, 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.**