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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8603

Registration District No. 799 Primary Registration District No. 1002 Registrar's No. 1105

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)
In this community: 17 Years

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.: 2132 Terrace
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mary Green
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edward Green
6. (c) Age of husband or wife if alive: unk years
7. Birth date of deceased: September (Month) 18 (Day) 1872 (Year)
8. AGE: Years 72 Months 5 Days ~~18~~ 17 If less than one day — hr. min.
9. Birthplace: Racine (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Amos Jennings
13. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Unknown Johnson
15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs Christine Thurston
(b) Address: 335 No. Dury Kansas City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cem.
18. (a) Signature of funeral director: George C. Carson
(b) Address: Independence, Missouri
19. (a) 3-9-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1945 hour 1 minute 30 P.
21. I hereby certify that I attended the deceased from March 1, 1945 to March 5, 1945 that I last saw her alive on March 5, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral vascular accident	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: None	

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: Clark W. Seely M.D. (M. D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 3-6-45

(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 Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, 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.