

FILED FEB 7 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 329

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:
1310 E. Armauer Blvd. 4 Court Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month
(Specify whether)

In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

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

(d) Street No. 1310 Armauer Blvd
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME George W. Green

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20th
year 1946 hour _____ minute _____ M.

4. Sex male 5. Color or race wh

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 April 14 - 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1st, 1945 to Jan 20th, 1946
that I last saw him alive on Jan 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia of adenine flexure of ascending colon

Due to Pneumonia Duration _____

8. AGE: Years 73 Months 9 Days 56 If less than one day _____ hr. _____ min.

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓ 462

Of autopsy ✓

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

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? ✓

10. Usual occupation Salesman

11. Industry or business Clipping

12. Name G. William Green

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Gene Westwick

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Clara Steva Rest Home

(b) Address 1310 Armauer Blvd.

17. (a) burial (b) Date thereof 1-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. moriah

18. (a) Signature of funeral director J. Malton

(b) Address Kansas City, mo

19. (a) 1-21-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature J. F. Sewell (M. D. or other) MD

Address 1722 W. 39 Date signed 1-20-46

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 *J. S. Walton*

Licensed Embalmer No. 2744

P. O. Address K.C. 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.