

8. No. 2
M-5-43
5-17-39
I X36671

FILED JUN 3 1946
147
Registration District No. _____

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:
644-WEST-62ND STREET 1
(If not in hospital or institution, write street number or location)

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

In this community 53 YEARS
years, months or days)

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. 644-WEST-62ND STREET
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MRS. MINNIE HELEN GREEN

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 19TH
year 1946 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Mch 18
1946, to May 16, 1946
that I last saw her alive on May 16, 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. NATHANIEL T. GREEN

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

7. Birth date of deceased JUNE 8 1859
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis Duration 2 mos

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>11</u>	<u>11</u>	_____hr. _____min.

Due to arterio-sclerosis

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

Due to _____

10. Usual occupation AT HOME

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

MOTHER FATHER

12. Name HERBERT POST

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

14. Maiden name Emmett Peck

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Minnie ~~Post~~ Green

(b) Address 644 West 62 St

22. If death was due to external causes, fill in the following:

17. (a) BURIAL (b) Date thereof May 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT WASHINGTON CEM.

(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? _____

18. (a) Signature of funeral director Dr. Newcomer, Son

(b) Address 1401-BRUSH CREEK BLDG

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) 5-20-46 (Date received local registrar)

(b) M. E. Colburn (Registrar's signature)

23. Signature M. E. Colburn (M. D. or other)

Address 410 Northwood Bldg K.C. Date signed 5/21/46

Exhibit 1309. P. 1309

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 Emile W. Colburn
Licensed Embalmer No. 3506
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.