

FILED JUL 15 1946

Registration District No. 797 Primary Registration District No. 1002 Registrar's No. 2913

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: Osteopathic Hospital  
(If not a hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days  
(Specify whether years, months or days)

In this community Do not know

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 648 Prospect Ave 8  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME Mary Mildred Green

3. (b) If veteran, name war no

3. (c) Social Security No. Do not know

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1946 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 4  
1946, to June 30, 1946

that I last saw her alive on June 30, 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 married

6. (b) Name of husband or wife John Green

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Dec. 28 1909  
(Month) (Day) (Year)

Immediate cause of death Uremia

Due to	Duration
<u>Acute pyelonephritis</u>	<u>1wk</u>
<u>Acute infectious hepatitis</u>	<u>3wks</u>

8. AGE:

Years	Months	Days	If less than one day
<u>36</u>	<u>6</u>	<u>2</u>	<u>hr. min.</u>

9. Birthplace Providence MO 0  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

Other conditions 32a  
(Include pregnancy within 3 months of death)

Major findings: Pyelonephritis. Enlarged liver

Of autopsy Pyelonephritis. Enlarged liver

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

12. Name Jesse Hudge

13. Birthplace Cedar city mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sweeten

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

16. (a) Informant Mary Hudge

(b) Address Holt Summit mo

17. (a) Burial (b) Date thereof July 2-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Parsons Bro

(b) Address 11 C mo

19. (a) 7-2-46 (b) Geraldine Holme  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 2

23. Signature L. Raymond Hall (M. D. or other) D.O.

Address 2603 Indep. Blvd. Date signed 7-1-46

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

APR 10 1967

**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. *75. E. 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.**