. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23615

FILED AUG 15 1946

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3249

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: GENERAL HOSPITAL NO. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community 8 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 1332 LYDIA 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME OSBORNE GREEN

3. (b) If veteran, name war No

3. (c) Social Security No. unk

4. Sex MALE 2

5. Color or race NEGRO

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

6. (b) Name of husband or wife Anna Greene

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased OCTOBER (Month) 9, (Day) 1910 (Year)

8. AGE: Years 35 | Months 9 | Days 15 | If less than one day ____ hr. ____ min.

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

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name FOUNT GREEN
13. Birthplace (City, town, or county) MISSOURI (State or foreign country) 0

MOTHER
14. Maiden name ELIZABETH JOHNSON
15. Birthplace (City, town, or county) MISSOURI (State or foreign country) 0

16. (a) Informant GLADYS JORDAN (Sister)

(b) Address 1332 LYDIA

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/29/46 (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Missouri

18. (a) Signature of funeral director Watkins Bros

(b) Address 1029 Lydia Avenue

19. (a) 7-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 24, year 1946 hour 8: minute 20 P. M.

21. I hereby certify that I attended the deceased from JULY 2 14, 1946, to JULY 24, 1946; that I last saw him alive on JULY 24, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ACUTE UREMIA	
Due to CHRONIC NEPHRITIS	
Due to	
Other conditions (Include pregnancy within 3 months of death) EPIDERMOID CANCER OF INGUINAL REGION	

Major findings:
Of operations 552
Of autopsy

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 [illegible] (M. D. or other)

Address GENERAL HOSPITAL NO. 2 Date signed 7/25/46

(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. J. Jerome Marlowe

Licensed Embalmer No. 3994

P. O. Address. 2503 Highland

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.