

S. No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23616**
Registrar's No. **3317**

FILED AUG 14 1946

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

(d) Length of stay: In hospital or institution **13 hrs. 35 min.**
(Specify whether years, months or days)

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. **2735 HIGHLAND** **8**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **VIOLA GREEN**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **FEMALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) **1** (Year) **1948**

7. Birth date of deceased **AUGUST** **1** **1948**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	11	29	hr. _____ min.

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

10. Usual occupation **House work**

11. Industry or business _____

12. Name **JAMES A. GREEN**

13. Birthplace **BONDS** **LOUISIANA**
(City, town, or county) (State or foreign country)

14. Maiden name **LAURA M. BYNUM**

15. Birthplace **BONDS** **LOUISIANA**
(City, town, or county) (State or foreign country)

16. (a) Informant **LAURA M. GREEN (Mother)**

(b) Address **1-315 Front**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug 5-1946**
(Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **W. H. Watkins**

(b) Address **1729 Lydia**

19. (a) **8-1-46** (Date received local registrar) (b) **M. D. Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from **JULY 30, 1946** to **JULY 30, 1946**; that I last saw **her** alive on **JULY 30, 1946**; and that death occurred on the date and hour stated above.

Immediate cause of death **STATUS EPILEPTICUS**
EDEMA OF BRAIN

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **85**

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature **M. D. Holmes** (M. D. on number) **0**

Address **GENERAL HOSPITAL NO. 2** Date signed **7/31/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Manlove

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.