S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36980

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4668

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:
2141 East 8 St /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 50 yrs

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. 2141 East 8 St. 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) U
If yes, name country

3. (a) PRINT FULL NAME Susan Pricilla Green
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Femal /
5. Color or race White
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 Feb. 9 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	8	26	hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation packer
11. Industry or business Loos Wiles Co
FATHER 12. Name 'Tull Green' /
13. Birthplace (City, town, or county) Ky. (State or foreign country)
MOTHER 14. Maiden name Sarah Naiper
15. Birthplace (City, town, or county) No record 0 (State or foreign country)
16. (a) Informant Sarah Ann Brandt
(b) Address 2141 East 8 St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.
18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn
19. (a) 11-7-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 5 year 1946 hour 2:00 minute 0 M.
21. I hereby certify that I attended the deceased from Personal, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary sclerosis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 9 3 D	

Major findings:
Of operations
Of autopsy no
Pathology & Injection

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 0
23. Signature [illegible] (M. D. or other) Coroner
Address [illegible] Date signed 11-5-46

(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. Dean Owens

Licensed Embalmer No. 4280

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.