

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40605**  
Registrar's No. **5489**

FILED JAN 13 1947

Primary Registration District No. **1002**

**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:  
**5408 PASEO**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **1 MONTH** years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **KANSAS** (b) County **RENO**  
(c) City or town **HUTCHINSON**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **211 WEST 2ND STREET**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **MRS. ELIZABETH GREEN**  
(b) If veteran, name war **NO** (c) Social Security No. **NO NE**  
4. Sex **FEMALE** 5. Color or race **WHITE**  
6. (b) Name of husband or wife **MR. WYETT GREEN**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month **DEC** day **30<sup>TH</sup>**  
year **1946** hour **1** minute **45 P. M.**  
21. I hereby certify that I attended the deceased from **12-30**, 19**46**, to **12-30**, 19**46**  
that I last saw her alive on **12-30-46** and that death occurred on the date and hour stated above.

7. Birth date of deceased **JULY 20 1861**  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
**85 5 10** hr. min.

Immediate cause of death  
**Ventricular fibrillation**  
Due to **chronic myocarditis**  
Due to \_\_\_\_\_

9. Birthplace **MARSHALLTOWN IOWA**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **AT HOME**

Other conditions (include pregnancy within 3 months of death)  
Major findings: **93rd**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**MOTHER FATHER**  
11. Industry or business \_\_\_\_\_  
12. Name **UNKNOWN**  
13. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)  
14. Maiden name **UNKNOWN**  
15. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. Informant **Red Brank**  
(b) Address **5408 Paseo**  
17. (a) **REMOVAL** (b) Date thereof **12-31-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **HUTCHINSON, KANSAS**  
18. (a) Signature of funeral director **O. H. Newcomer**  
(b) Address **1401 BROSCH CREEK BLVD.**  
19. (a) **12-31-46** (b) **Heraldine Holman**  
(Date received local registrar) (Registrar's signature)

23. Signature **Edward J. Hall** (M. D. or other) \_\_\_\_\_  
Address **1518 Professional Bldg** Date signed **12-30-46**

**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 *Melvin Miller*  
Licensed Embalmer No. *4407*  
P. O. Address *Kansas City, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**