

S. No. 2  
 1-12-45  
 7. 5-17-39  
 I X47070

FILED APR 28 1947

Registration District No. **179**

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:  
1743 Lydia Avenue  
(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 26 Years

**3. (a) PRINT FULL NAME** Bennie Eobbie 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** Married  
**6. (b) Name of husband or wife** Le Von Green  
**6. (c) Age of husband or wife if alive** 28 years  
**7. Birth date of deceased** January 28, 1902  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	2	12	hr. min.

**9. Birthplace** Terrell, Texas  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Maid

MOTHER FATHER

**11. Industry or business**  
**12. Name** Ben Melson  
**13. Birthplace** Tyler, Texas  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Isabella Wilson  
**15. Birthplace** Sulphur Springs, Texas  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Willie Belle King  
**(b) Address** 1005 East 14th St.  
**17. (a) Removal** **(b) Date thereof** 4/19/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Terrell, Texas

**18. (a) Signature of funeral director** Walter J. ...  
**(b) Address** 1729 Lydia Avenue  
**19. (a) 4-17-47** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1743 Lydia Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 10th  
 year 1947 hour 9 minute 40 P. M.  
**21. I hereby certify that I attended the deceased from** March 30, 1947 to April 10, 1947  
 that I last saw her alive on April 4th, 1947  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Myocardial Regurgitation Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Hypertension  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
**23. Signature** J. J. ... (M. D. or other)  
**Address** 3223 E. 51st **Date signed** 4/11/47

1961 & 7. 7MP

*Shugart*

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**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 *L J Manlove*

Licensed Embalmer No. *3994*

P. O. Address *4525 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.**