No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24195

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2917

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: Research Hospt (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2 (If outside city or town limits, write "RURAL")
(d) Street No. 111 Hitt st 4 (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nancy Winifred Green
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Fem
5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James Preston Green
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) 5 (Day) 1867 (Year)

8. AGE: Years 80 Months 5 Days 0 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation at Home
11. Industry or business
FATHER
12. Name John M Finley 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Charlotte Ann Gant
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Miss Ann Finley
(b) Address Columbia Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Mo
18. (a) Signature of funeral director Stine McClure
(b) Address Kansas City Mo
19. (a) 7-9-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 5 day 1947
year hour 6 minute 20 P.M.
21. I hereby certify that I attended the deceased from 7/3/47, 19, to 7/5/47, 19;
that I last saw her alive on 7/5/47, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Contusion & Laceration of Brain — Duration 2 days
Due to Highway accident with multiple injuries 7/3/47
Due to "
Other conditions Fractured rt. ribs. 4
(Include pregnancy within 3 months of death)
Subdural hemorrhage 1706
Major findings:
Of operations
Of autopsy Subdural Hemorrhage
Diff. cerebral & cerebellar, chr. Heart Dis.

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) Accid. (auto) 7/3
(b) Date of occurrence 7/3/47 48
(c) Where did injury occur? near Lees Summit (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway (Specify type of place)
While at work? no (e) Means of injury Collision c. Truck
23. Signature Edward Heller (M. D. or other) M.D.
Address Professional Bldg. Date signed 7/5/47 0

(Licensed Embalmer's Statement on Reverse Side)

K.C., Mo.

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. Robert H Reed

Licensed Embalmer No. 3745

P. O. Address. KC. 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.