S. No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31224

Registrar's No. 3776

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. 1 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 18 years

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.: 5518 E. 23 St. 8
(If rural, give location)
(e) Citizen of foreign country? no. 0 (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Mary E. Green
3. (b) If veteran, name war: no.
3. (c) Social Security No.: 486-09-1167
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: John Green
6. (c) Age of husband or wife if alive: unknown years
7. Birth date of deceased: June (Month) 12 (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
47	2	21	hr. min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: at home,
11. Industry or business: x

MOTHER FATHER
12. Name: William Myers
13. Birthplace: Pennsylvania (City, town, or country) (State or foreign country)
14. Maiden name: Almeda Lewis
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: John Green
(b) Address: 5518 E. 23rd, Kansas City, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 9-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Albany, Missouri
18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 9-4-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3 year 1947 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug. 28, 1947, to Sept. 3, 1947, that I last saw her alive on Sept. 3, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Subacute bacterial endocarditis with infarction of lungs, spleen and brain

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 9a

Major findings:
Of operations:
Of autopsy: See above

Duration

PHYSICIAN — Underline the cause of 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) 0
While at work? (e) Means of injury:

23. Signature: John W. Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 9-4-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Richard

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.