

FILED MAY 7 1948 49
Registration District No. _____

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: GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 101 DAYS
(Specify whether years, months or days)

In this community 30 YRS.

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. 2416 E. 9TH STREET
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LAURA MARIE GREEN

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 20,
year 1948 hour 5: minute 00 P. M.

4. Sex FEMALE

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: MARCH 16, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JANUARY 10, 1948 to APRIL 20, 1948
that I last saw him ER alive on APRIL 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC FAILURE Duration _____

8. AGE: Years 72 Months 1 Days 4
If less than one day _____ hr. _____ min.

Due to HYPERTENSIVE HEART DISEASE WITH CEREBRAL VASCULAR ACCIDENT

9. Birthplace MADISON LOUISIANA
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation AT HOME

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

11. Industry or business _____

Major findings: _____

MOTHER FATHER { 12. Name REV. H. BYNUM

13. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name MELISSA BRANCH

15. Birthplace RALEIGH NORTH CAROLINA
(City, town, or county) (State or foreign country)

Of operations: 932

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant LAURA MARIE GREEN (SELF)

22. If death was due to external causes, fill in the following:

(b) Address N.C. mo.

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof 4-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation St. Joseph's Cem.

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director Walter Sterling Bell

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 212 W. Pine St. O'Fallon

While _____ (Specify type of place) _____
(c) Means of injury _____

19. (a) 4-22-48 (b) Walter Sterling Bell
(Date received local registrar) (Registrar's signature)

23. Signature Frank [Signature] (M. D. or other) M. D.
Address GENERAL HOSPITAL NO. 2 Date signed 4/21/48

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 *E. Sterling Bell*

Licensed Embalmer No. *3178*

P. O. Address *1219 Pine K. Cm.*

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.