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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37031

FILED DEC 6 1948

Registration District No. 46

Primary Registration District No. 5568

Registrar's No. 369

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence, 9940 E. 23rd St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 68 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 4/8
(c) City or town Independence RR 6 0
(If outside city or town limits, write "RURAL")
(d) Street No. 9940 E. 23rd St. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. Gilbert Andrew Green
3. (b) If veteran, name war none
3. (c) Social Security No. 487 05 5076
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Clementina Green (deceased)
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 8, 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	10	21	hr. min.

9. Birthplace Independence, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired boltmaker
11. Industry or business Sheffield Steel Corp.
FATHER
12. Name Gilbert L. Green
13. Birthplace unknown, Ohio /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Laura Hunt
15. Birthplace unknown, Ills. /
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Velma Cogan
(b) Address 24 Hiway & Cogan Lane Independence, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation Md. Grove Cemetery
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.
19. (a) 11-30-48 (Date received local registrar) (b) [signature] (Registrar's signature) 2549

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1948 hour 7:20 minute P M.
21. I hereby certify that I attended the deceased from Oct 19, 1948, to Nov 29, 1948
that I last saw him alive on Nov 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis & Coronary sclerosis & Arteriosclerosis
Due to Glomerulonephritis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? 2
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address 1009 1/2 Winner Indep Mo Date signed 11/30/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Richard D. Mullins, Registered Apprentice No. 268, working under my personal supervision.

Signed Charles F. Tyler

Licensed Embalmer No. 4534

P. O. Address Indep. 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.