

S. No. 300  
OM-10-47  
Rev. 5-17-39  
I 3906

FEDERAL BUREAU OF VITAL STATISTICS  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40141

State File No. ....

FILED JAN 15 1949

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5331

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 #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs.  
(Specify whether years, months or days)

In this community Abx 6 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. 40th & Beacon, Leads Distc.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME GREEN, Fred-F.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased 5/21/40  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26  
year 1948 hour 9<sup>00</sup> minute 0 M.

21. I hereby certify that I attended the deceased from Examine, 1948, to 1948,  
that I last saw h. alive on 12/26/48 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>8</u>	<u>7</u>	<u>5</u>	hr. min.

Immediate cause of death 1st 2nd 3rd degree burn

Due to cutting body

Due to \_\_\_\_\_

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

Major findings: Of operations 181

Of autopsy 15

9. Birthplace Texas Co., Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business --

PHYSICIAN

Underline the cause to which death should be charged statistically.

Signature Harley + J. Walker

MOTHER FATHER

12. Name Fred Andy Green

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

14. Maiden name Cleta Gearen

15. Birthplace Turley Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Green  
(b) Address 40th & Beacon, K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/48  
(Month) (Day) (Year)

(c) Place: burial or cremation Buckner, Mo.

18. (a) Signature of funeral director John P. Sheil  
(b) Address Kansas City, Mo.

19. (a) 12-30-48 (Date received local registrar) (b) Sheldine Holmes (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) accident 173

(b) Date of occurrence 12-26-1948

(c) Where did injury occur? 160 miles out  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
9th home

While at work? no (Specify type of place) (e) Means of injury Therapy of plane

Signature James C. Walker (M. D. or other) James C. Walker

Address 1424 14th St Date signed 12-27-48

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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 John P. Steid  
Licensed Embalmer No. 3625  
P. O. Address K 6 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.**