

Registration District No. 749

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:
40th & Beacon, Leeds Distc.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In-hospital or institution no
(Specify whether years, months or days) All his life

3: (a) PRINT FULL NAME GREEN, Preston Leo

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 S

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

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

7. Birth date of deceased 2/24/44
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
4	10	2	hr. min.

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

10. Usual occupation --

11. Industry or business --

12. Name Fred Andy Green

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

14. Maiden name Cleta Geeren

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

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

18. (a) Signature of funeral director John P. Shell

(b) Address Kansas City, Mo.

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

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, Leeds Distc.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year 1948 hour 7 minute 4 M.

21. I hereby certify that I attended the deceased from Coroner, 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

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

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 181 15

Major findings: Of operations _____

Of autopsy no
Holmes & Propert

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

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

(b) Date of occurrence 12-26-48

(c) Where did injury occur? 100 Jackson St
(City or town) (County) (State)

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

While at work? no (Specify type of place) Removal of lawn
(e) Means of injury _____

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

Address 1424 Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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. Shick

Licensed Embalmer No. *3625*

P. O. Address *K. C. 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.