

No. 2
-11-10-39
-17-39
-1 x2

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25361**

Registration District No. **5553B**

Registrar's No. **136**

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

1. PLACE OF DEATH:

(a) County Jackson Prairie

(b) City or town Little Blue Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson Co Home 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yr. 2 mo
(Specify whether years, months or days)

In this community 2 yr. 2 mo

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. 1317 Michigan
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME PEARL GREEN 650

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Col.

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 December 22, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	6	9	_____ hr. _____ min.

9. Birthplace Jacksonville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {

12. Name Henry T. Green

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

14. Maiden name Minnie Tolbert

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

16. (a) Informant Susie Green

(b) Address 1317 Michigan

17. (a) burial (b) Date thereof 7/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Mathins Bros

(b) Address 1729 Lydia

19. (a) 7-3-40 (b) Small G. Barnes
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 1st
year 1940 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from June 30, 1940 to July 1, 1940
that last saw him alive on July 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage
= Paralysis =

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) g2w

Major findings: Of operations _____

Of autopsy _____

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) _____

(While at work) _____ (e) Means of injury _____

23. Signature H. W. Booker (M. D. or other) _____

Address 202 E. Vine St Date signed 7/2/40

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

Edw. J. Evans

Licensed Embalmer No.

7876

P. O. Address

1814 E. 15th St. (2nd)

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, above space should be left blank.