

No. 2  
4-13-40  
4-17-39  
I X23159

Registration District No. 399 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: St. Luke's Hospital,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 days,  
(Specify whether years, months or days)

In this community 70 years,

**3. (a) PRINT FULL NAME** Mrs. Meda Green,

**3. (b) If veteran,** name war X **3. (c) Social Security** No. X

**4. Sex** Female **5. Color or** race White **6. (a) Single, widowed, married,** 2 divorced Widowed

**6. (b) Name of husband or wife** J. J. Green, **6. (c) Age of husband or wife if** alive X years

**7. Birth date of deceased** November 24 1866  
(Month) (Day) (Year)

<b>8. AGE:</b>	<b>Years</b>	<b>Months</b>	<b>Days</b>	<b>If less than one day</b>
	<u>75</u>	<u>0</u>	<u>26</u>	hr. min.

**9. Birthplace** Illinois, (City, town, or county) (State or foreign country)

**10. Usual occupation** at home,

**11. Industry or business** X

**MOTHER FATHER**

**12. Name** George Fuller,

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

**14. Maiden name** Maud L. Tuttle,

**15. Birthplace** New York, (City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. I. E. Westbrook,

**(b) Address** 620 West 68th Terrace, K. C., Mo

**17. (a) Burial, (Burial, cremation, or removal) **(b) Date thereof** 12-22-41  
(Month) (Day) (Year)**

**(c) Place: burial or cremation** Forest Hill Cemetery,

**18. (a) Signature of funeral director** Stine & McClure,

**(b) Address** 3235 Gillham Plaza, Kansas City, Mo.

**19. (a)** 12/22/41 (Date received local registrar) **(b)** M. M. Brown (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri, (b) County Jackson, **048**

(c) City or town Kansas City, **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. 5601 Oak Street,  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X **0** years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month December day 19th  
year 1941 hour 12:12 minute A. M.

**21. I hereby certify that I attended the deceased from** 5-5, 1941, to 12-19, 1941,  
that I last saw her alive on 12-18, 1941,  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Generalized Carcinomatosis **Duration** 1 mo

**Due to** Carcinoma of vulva

**Due to** 49d

**Other conditions** 49d  
(Include pregnancy within 3 months of death)

**Major findings:** Ca of vulva 2 yrs ago.

**Of operations** —

**Of autopsy** —

**PHYSICIAN** —  
Underline the cause to 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? \_\_\_\_\_

(Specify type of place)

**While at work?** \_\_\_\_\_ **(e) Means of injury** 0

**23. Signature** Emis Vukoburk (M. D. or other)

**Address** Plaza and Bedy, K.C. Mo **Date signed** 12-19-41

Dr. Wilhelmy,

*Plough 2*

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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.....

*E. M. Plouck*

Licensed Embalmer No.....

*1848*

P. O. Address.....

*H. 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.**