

JAN 14 1942 98

Registration District No. \_\_\_\_\_

Primary Registration District No. 3011

Registrar's No. 190

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
316 East Kansas!  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
In this community 60 years.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. 316 East Kansas!  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME TIP TILFORD GREEN

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

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife DORA GREEN 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased JAN 15<sup>th</sup> 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Louisville Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation miner

11. Industry or business \_\_\_\_\_

12. Name unknown

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

14. Maiden name Mary Davis

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

16. (a) Informant Dora Green

(b) Address 316 East Kansas St.

17. (a) Burial (b) Date thereof 12/28/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs

19. (a) 12/27/41 (b) Mrs. R. M. Green  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24<sup>th</sup>  
year 1941 hour 11-30 minute PM  
21. I hereby certify that I attended the deceased from one visit  
Dec 21, 1941, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him alive on Dec 21, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion short

Due to General arteriosclerosis

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

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

Major findings: Of operations 94  
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? 0

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature G. D. Craven (M. D. or other) \_\_\_\_\_

Address Excelsior Springs Mo. Date signed 12/26/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-13-42

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 Chas Virgil Tope

Licensed Embalmer No. 3950

P. O. Address Excelsior Sp...

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.