

FILED JAN 30 1943
Registration District No.

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:
201 West 15th St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 15 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Casper Green
3. (b) If veteran, name war. - 3. (c) Social Security No. 366-03-9900

4. Sex Male 5. Color or Trace wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ardith Green 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased April 9 1914
(Month) (Day) (Year)

8. AGE: Years 28 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Berea Ky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Jockey & Horse Trainer

11. Industry or business

12. Name Daniel Green

13. Birthplace Berea Ky 1
(City, town, or county) (State or foreign country)

14. Maiden name Verda Sleaker

15. Birthplace Cincinnati Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs G F Brock

(b) Address 201 West 15th St

17. (a) Burial (b) Date thereof 1/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Guyon Lawn Cemetery

18. (a) Signature of funeral director Snow-Meyberg

(b) Address 2315 Pennsylvania

19. (a) 1-19-43 (b) M. N. Brown
(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. 201 West 15th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1st day 16
year 1943 hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from Jan 11 1943 to Jan 16 1943
that I last saw him alive on Jan 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart block & acute tuberculosis

Due to Tuberculosis 135

Due to lung consolidation

Other conditions.....

(Include pregnancy within 3 months of death)

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?.....

While at work? (Specify type of place) (c) Means of injury.....

23. Signature E. N. ... (M.D. or other).....

Address Waldheim Bldg 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 Ray E Snow

Licensed Embalmer No. 2560

P. O. Address K E 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.