. S. No. 2
0M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41004

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5208

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:
K. C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs. 50 min (Specify whether
In this community 5 hr 50 min
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13

(c) City or town Polo 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Larry Green

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M.

5. Color or race wh

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 Oct (Month) 18. (Day) 1941 (Year)

8. AGE: Years 2 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Ray Co. mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation child

11. Industry or business

FATHER
12. Name Paul F. Green
13. Birthplace Ray Co. mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Etta Alameda Alden
15. Birthplace Caldwell Co. mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Paul F. Green
(b) Address Polo mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Polo mo

18. (a) Signature of funeral director Aspaugh & Cowley
(b) Address Polo mo

19. (a) 12-10-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1943 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from December 10, 1943 to December 10, 1943;
that I last saw him alive on December 10, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Epidemic Meningitis	
Due to	
Due to 6	

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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 Wesley R. Thom (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 12-10-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.