

S. No. 2
M-5-43
5-17-39
I X36872

FILED MAR 9 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 956

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 909 Park /
(d) Length of stay: 1 day.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 909 Park
(e) Citizen of foreign country? No
If yes, name country.

3. (a) PRINT FULL NAME Merle Green, Jr.
3. (b) If veteran, name war. None
3. (c) Social Security No. None

4. Sex Male 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 February 15, 1944
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business Merle Green

MOTHER FATHER

12. Name Merle Green
13. Birthplace Mabrisonville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Julia Webb
15. Birthplace South Park Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Merle Green, Sr.
(b) Address 909 Park

17. (a) burial (b) Date thereof 2/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Haskins Bros
(b) Address 1729 Lydia

19. (a) 2-29-44 (b) N. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1944 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 2-15-
1944 to 2-16-1944
that I last saw him alive on 2-16-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Labor)
Duration 12h

Due to Premature Birth & Effort

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 159
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?

While at work? (Specify type of place) (c) Means of injury
23. Signature Eugene P. Chittum (M. D. or other)
Address 173 Broadway Date signed 2-29-44

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

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.....

J. J. Malone

Licensed Embalmer No. *399P*

P. O. Address *2503 Highland*

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.