

S. No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 5 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13688

State File No. \_\_\_\_\_  
Registrar's No. 1853

Registration District No. 149

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 Warrensburg, Mo.  
(c) Name of hospital or institution: Childrens Mercy Hospital  
(d) Length of stay: In hospital or institution 14 Days  
In this community 14 Days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Johnsone  
(c) City or town Warrensburg, Mo.  
(d) Street No. 430 E. Gay  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Billy Dean Green  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 4 day 28 year 1944 hour 12 minute 40 A.M.  
21. I hereby certify that I attended the deceased from 4-14 to 4-28, 1944  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 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: Feb 25 1949  
(Month) (Day) (Year)

Immediate cause of death  
Post Mortem  
1. Hemorrhagic purpura of large bowel  
2. Perforation of transverse colon - peritonitis  
4. Atelectasis  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
2 4 3 hr. min.

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
5. Terminal leucemia

9. Birthplace Warrensburg MO  
(City, town, or county) (State or foreign country)  
10. Usual occupation Infant

11. Industry or business \_\_\_\_\_  
12. Name Albert Green  
13. Birthplace Warrensburg MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucille Guadalupe  
15. Birthplace Warrensburg MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Green  
(b) Address Warrensburg MO

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? \_\_\_\_\_

17. (a) Burial (b) Date of April 30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Warrensburg  
(City, town, or county) (State or foreign country)  
18. (a) Signature of funeral director Warrensburg  
(b) Address Warrensburg Mo  
19. (a) 4-28-44 (b) R. C. Brown  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature J. H. Perkins M.D. (M. D. or other)  
Address Merury Kaye Date signed 4-28-44

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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 Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.**