No. 2
—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30260

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3942

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: 1405 Cherry /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 19 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1405 Cherry 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) n
If yes, name country

3. (a) PRINT FULL NAME Mariah Green

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Manuel Green

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 13, 1864 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	0	0	hr. min.

9. Birthplace Little Rock Arkansas / (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Charles Lee
13. Birthplace Little Rock Arkansas / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Little Rock Arkansas / (City, town, or county) (State or foreign country)

16. (a) Informant Clifton Boyd
(b) Address 1013 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/46 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 4239 Lydia Avenue

19. (a) 9-17-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 13
year 1946 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2-9-46, 19 to 9-7-46, 19 that I last saw her alive on 9-7-46, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemmorhage — Duration 3 wks
Due to Senility — 83 yr
Due to
Other conditions — none
(Include pregnancy within 3 months of death)

Major findings:
Of operations — none
Of autopsy — no

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

22. If death was due to external causes, fill in the following: no
(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 [illegible] (M. D.)
Address 2200 E 18th Date signed 9/19/46

(Licensed Embalmer's Statement on Reverse Side)

Dr Hough

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. Jerome Manlove

Licensed Embalmer No. 3994

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.