

No. 2
-12-45
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36979**
Registrar's No. **1002**

Registration District No. **1002**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City, Mo.**
(c) Name of hospital or institution: **Research Hospital**
(d) Length of stay: In hospital or institution **14 days**
In this community **14 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO.** (b) County **Ray**
(c) City or town **Richmond Rural**
(d) Street No. _____
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Parvett Green**
3. (b) If veteran, name war **MV** **3. (c) Social Security No.** **MV**
4. Sex **M** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mitnie Green** **6. (c) Age of husband or wife if alive** **62**
7. Birth date of deceased **unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **10** day **12** year **1946** hour **8** minute **32 A.M.**
21. I hereby certify that I attended the deceased from **29 October 1946** **to** **Nov. 12 1946**
that I last saw him alive on **11-17-46** and that death occurred on the date and hour stated above.
Immediate cause of death **Cardiac failure**

8. AGE: Years **63** Months _____ Days _____ If less than one day hr. _____ min. _____

Due to **Operation for Stone in the common bile duct**
Due to **Chronic cholecystitis and cholelithiasis**
Other conditions **Duodenal fistula**

9. Birthplace **Ray, Mo.**
10. Usual occupation **Farming**
11. Industry or business _____
12. Name **Knat Kraon**
13. Birthplace **unknown**
14. Maiden name **unknown**
15. Birthplace _____
16. (a) Informant **Mrs. Gordon Jacobs**
(b) Address **Richmond Mo.**
17. (a) Burial **Richmond Mo.** **(b) Date thereof** **11-14-1946**
(c) Place: burial or cremation **Richmond Mo.**
18. (a) Signature of funeral director **Thurman**
(b) Address **Richmond Mo.**
19. (a) 11-12-46 **(b) Geraldine Holmes**

Major findings: **Stone in the common bile duct. Cholelithiasis**
Of operations **As above**
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **M. Wallace Greene** **(M. D. or other)** **M.D.**
Address **1032 Popperwood Bldg.** **Date signed** **11-13-46**

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

AUG 20 1947

NOV 9 1947

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 *E. J. Hummer*

Licensed Embalmer No. *2073*

P. O. Address. *Richmond*

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.