

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

9096

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 8 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1391

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.

(c) Name of hospital or institution: Cent Hosp. No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr. 40 min  
(Specify whether \_\_\_\_\_)

In this community Life Time  
(years, months or days)

3. (a) PRINT FULL NAME Henry Greene

3. (b) If veteran, name war No

3. (c) Social Security No. 515-09-6762

4. Sex male 5. Color or race Col

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

6. (b) Name of husband or wife Frances

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Jan. 29 1909  
(Month) (Day) (Year)

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

38	1	16	_____ hr. _____ min.
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9. Birthplace Kansas City - Mo.  
(City, town or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Safe-Way Warehouse

12. Name Samuel Greene

13. Birthplace Tenn.  
(City, town or county) (State or foreign country)

14. Maiden name Effie Jones

15. Birthplace Mo.  
(City, town or county) (State or foreign country)

16. (a) Informant Effie G. Hard mother

(b) Address 11405 Cherry

17. (c) Burial (b) Date thereof 3-27-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cem.

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 3-25-47 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town K.C.  
(If outside city or town limits, write "RURAL")

(d) Street No. 1405 Cherry  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 15  
year 1947 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_;  
that I saw \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage

Due to gun shot wound

Due to 7 upper left chest

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 166

Of operations \_\_\_\_\_

Of autopsy Same as above

Duration \_\_\_\_\_

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) Homicide

(b) Date of occurrence 3-15-47

(c) Where did injury occur? K.C. Jackson - Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public place  
(Specify type of place)

While at work? no (e) Means of injury gun shot

23. Signature Shuellianus (M. D. or other) \_\_\_\_\_  
Address 2136 Broadway Date signed \_\_\_\_\_

3-24-47

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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..... *A. T. Moore* .....

Licensed Embalmer No..... *948* .....

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.**