

No. 300
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-17-39
P 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26327

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3461

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

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: 1516 E. 37th. Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 years (Specify whether years, months or days)

In this community 45 years

3. (a) PRINT FULL NAME James B. Green

3. (b) If veteran, name war No

3. (c) Social Security No. 702-12-1687

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Pala H. Green 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased December 27th. 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Nebraska City Nebraska /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired General Claim Agent

11. Industry or business Kansas City So. Railway

12. Name Unknown

13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pala H. Green

(b) Address 1516 E. 37th. Street

17. (a) Burial (b) Date thereof 8-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 8-24-48 (b) Geraldine Holm
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1516 E. 37th. Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd.
year 1948 hour 12:20 minute A M.

21. I hereby certify that I attended the deceased from MAY 1948 to AUG 22 1948
that I last saw him alive on 18 Aug - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC FAILURE Duration 12 yrs

Due to CORONARY SCLEROSIS 3 yrs

Due to GENERALIZED-ARTERIOSCLEROSIS 10 yrs

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 James W. Downey (M. D. certifier)
Address 800 ARBYLE BLDG Date signed 8/23/48

K.C. Mo.

Original 12-1-50
171300 S

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 Willie H. Bennett

Licensed Embalmer No. 4438

P. O. Address K. C., 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.