

FILED AUG 26 1948
Registration District No. _____

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 Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5818 Brookside
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. XX (Specify whether
In this community Life (Specify whether
years, months or days)

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. 5818 Brookside Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME MRS. SARAH VIRGINIA GREEN

3. (b) If veteran, name war. XX 3. (c) Social Security No. None

4. Sex Fe / 5. Color or race Wh
6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife Thomas B. Green 6. (c) Age of husband or wife if alive. XX years

7. Birth date of deceased. August 22 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>10</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Charles P. Duvall
13. Birthplace Lexington Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Belle Jones
15. Birthplace Fayetteville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas B. Green, Jr.
(b) Address 8242 Tracy

17. (a) Burial (b) Date thereof. 7-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.

19. (a) 7-24-48 (b) Maldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 11 1948 to July 21 1948
that I last saw her alive on July 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Colon
Due to with extensive metastases
Duration 3 yrs

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

Major findings: Of operations 46
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)
(e) Means of injury _____

23. Signature Walter P. Hunter (M. D. or other) MD
Address 1408 W. Adams Blvd Date signed 7/23/48

11-6708
M. H. H. H.

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.....

Eugene L. Kennon, Registered Apprentice No. 217
working under my personal supervision.

Signed Alvin R. Hausschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.