

FILED DEC 4 1948
Registration District No. 299

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:
510 West 16th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 12 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Arthur GREEN

3. (b) If veteran, name war no

3. (c) Social Security No. 206-07-5136

4. Sex male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: July 22, 1883
(Month) (Day) (Year)

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

65 3 23 hr. min.

9. Birthplace Neola Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Sprinkler Fitter

11. Industry or business Automatic Sprinkler Company

MOTHER FATHER

12. Name John Green

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

14. Maiden name Sarah Reagan

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

16. (a) Informant Mrs. Nellie Green

(b) Address 510 W. 16th St., K. C., Mo.

17. (a) Burial (b) Date thereof 11-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mallody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 11-17-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 25

(d) Street No. 510 West 16th 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 Nov. day 15
year 1948 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1945, 1945, to Nov 15, 1948
that I last saw him alive on Nov 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Chr - Myocarditis 3 yrs

Due to: arteriosclerosis 5 yrs

Due to: _____

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

Major findings: no 930

Of operations: _____

Of autopsy: no

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) _____

(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? _____

M. B. Caseboit (Specify type of place) 4000 Ballou
While at work? _____ (2) Means of injury _____

23. Signature M. B. Caseboit (M.D. or other) 11-18-48
Address _____

Mr. Casbolt,
40th Baltimore

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 Edwin E. Heck

Licensed Embalmer No. 4063

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.