

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **4812**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **870**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>4 Days</b>		Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran</b>		STREET ADDRESS (If rural, give location) <b>915 Armstrong</b>	
3. NAME OF DECEASED a. (First) <b>Marvin</b> (Type or Print)		b. (Middle) <b>L</b>	
c. (Last) <b>Green</b>		4. DATE OF DEATH (Month) <b>2</b> (Day) <b>25</b> (Year) <b>56</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 27, 1897</b>
9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>National Malt</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cadott, Wisconsin</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Lorenzo Green</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah</b>	14. NAME OF HUSBAND OR WIFE <b>Cornelia Green</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>443-07-0098</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Hospital Records, Cornelia Green, KC., Mo., KS.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute monocytic leukemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9 weeks</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Terminal anemia and jaundice</b>		<b>3042</b> <b>4-6 days</b>	
19a. DATE OF OPERATION <b>2/6/56</b>	19b. MAJOR FINDINGS OF OPERATION <b>3ernal puncture confirmed diagnosis</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Feb 5</b> , 19 <b>56</b> , to <b>Feb 25</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Feb 25</b> , 19 <b>56</b> , and that death occurred at <b>6:00 p</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>G. Comer Bates</b> (Degree or title) <b>G. Comer Bates, M.D.</b>		23b. ADDRESS <b>329 Empur Rd North Kansas City 16, mo</b>	23c. DATE SIGNED <b>2/27/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-27-56</b>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <b>Warsaw Mo</b>
DATE REC'D BY LOCAL REG. <b>2-27-56</b>	REGISTRAR'S SIGNATURE <b>neva minshall</b>	25. POWER OF ATTORNEY'S SIGNATURE AND ADDRESS <b>Keser Mortuary, Warsaw, Mo</b>	

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

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 ....., Student Embalmer No. .... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *John R. Sidm*.....  
Licensed Embalmer No. *45*.....  
P. O. Address *Kansas*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.