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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18043

FILED MAY 27 1943

Registration District No. 946 — Primary Registration District No. 3026 — Registrar's No. 104

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days. (Specify whether
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4 (If outside city or town limits, write "RURAL")
(d) Street No. 1222 West Linden (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME JULIA ANN GREEN
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl V. Green
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Sept. 13 - 1885 (Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Odessa (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business at home
FATHER
12. Name Kevin H. Searcy
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary M. Reed
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Carl V. Green
(b) Address 1222 W. Linden
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.
19. (a) 4-2-1943 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31 year 1943 hour 5 minute 25 a.m.
21. I hereby certify that I attended the deceased from March 20 1943 March, 1943, to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of the bowel. — Duration 5 days
Due to Pleurant adhesive bands
Due to Acute yellow dropping of liver due to long standing obstruction
Other conditions the bowel
(Include pregnancy within 3 months of death)
Major findings: Of operations Adhesion of lower ileum to transverse colon
Of autopsy 1220 a.m.

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) no
(b) Date of occurrence
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address March 31 1943 Date signed Independence Mo.

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(Licensed Embalmer's Statement on Reverse Side)

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 Dean Owens

Licensed Embalmer No. H280

P. O. Address Independence, 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.