No. 2
-1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 11 1948

Registration District No. 146

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 1417

Registrar's No. 39

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: Residence, 915 S. Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 43 years

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.: 915 S. Main 4
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MRS. LAURA BELLE GREEN
3. (b) If veteran, name war: no
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: Dr. John R. Green
6. (c) Age of husband or wife if alive: ..... years
7. Birth date of deceased: Sept. 20, 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	4	10	..... hr. ..... min.

9. Birthplace: Rutland, Ohio. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Self employed
FATHER
12. Name: E. L. Kelley
13. Birthplace: Vianna, Ills. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Catherine Bishop
15. Birthplace: Malvern, Iowa (City, town, or county) (State or foreign country)
16. (a) Informant: Dr. John R. Green
(b) Address: 915 S. Main, Independence, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Grove Cemetery
18. (a) Signature of funeral director: [signature]
(b) Address: Independence, Mo.
19. (a) 2-1-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Jan. day: 28 year: 1948 hour: 4:50 minute: P M.
21. I hereby certify that I attended the deceased from Oct. 19 47, to Jan. 28, 19 48 that I last saw her alive on Jan. 28, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: General Carcinomatosis	
Due to: Origin in the colon.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [signature] (M. D.)
Address: First Nat'l Bank Bldg, Independence, Missouri Date signed: 1-29-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1949

VS JAN 2 6 1960

JAN 27 1950

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 Tom D. Marbland Registered Apprentice No. 40 working under my personal supervision.

Signed Floyd C. Carson

Licensed Embalmer No. 4199

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.