

No. 300
M-10-47
7-5-17-39
I 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16340
Registrar's No. 2004

FILED MAY 22 1948
Registration District No. 149

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:
GENERAL HOSPITAL #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 days
(Specify whether
In this community 24 years
years, months or days)

3. (a) PRINT FULL NAME CLARA GREEN
3. (b) If veteran, name war No
3. (c) Social Security No. 492-18-6587

4. Sex FEMALE 5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Garrett Green
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased MARCH 13 1906
(Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 24
If less than one day hr. min.

9. Birthplace OKLAHOMA CITY OKLAHOMA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER
12. Name DECATUR FERGUSON
13. Birthplace LITTLE ROCK ARKANSAS
(City, town, or county) (State or foreign country)
14. Maiden name ANNA
15. Birthplace NASHVILLE TENNESSEE
(City, town, or county) (State or foreign country)

16. (a) Informant SISTER: GLADYS ADAMS

(b) Address 1109 Paseo

17. (a) Burial (b) Date thereof 5/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Patricia Spod.

(b) Address 1729 Lydia Ave.

19. (a) 5-11-48 (b) Thalidine Holmes
(Date received local registrar) (Registrar's signature)

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. 1113 East 17th 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 MAY day 7
year 1948 hour 11:00 minute A.M.
21. I hereby certify that I attended the deceased from APRIL 1 1948 to MAY 7 1948
that I last saw her alive on MAY 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death METASTATIC CA OF BREAST WITH METASTASIS TO AXILLA AND PLEURA (PT)
Duration

XXX METASTASIS TO LIVER AND ALL THORACIC AND ABDOMINAL DUCTS

Due to primary in breast

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50

Of autopsy AS ABOVE
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?

(Specify type of place) While at work (Specify means of injury)

23. Signature [Signature] (M. D. or other)

Address 600 East 22nd Street Date signed 5/8/48

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 Ch. Jerome Marlowe

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.