

FILED FEB 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5220**  
Registrar's No. **455**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Blue Township</b>	
c. LENGTH OF STAY (in this place) <b>4 Days</b>		d. STREET ADDRESS (If rural, give location) <b>Courtney Rd. 2M1. N. Indep.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LAVENA</b>	b. (Middle) <b>BLANCHE</b>	c. (Last) <b>GREEN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 3 49</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 11-1903</b>	9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>22</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Tucker</b>	13b. MOTHER'S MAIDEN NAME <b>Phoeba Conklin</b>	14. NAME OF HUSBAND OR WIFE <b>Clair E. Green</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Clair E. Green, Rt#1 Indep., Mo.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fracture of Ribs</b> DUE TO (c) <b>Auto Trauma</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E 8 1/2 30</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Deputy coroner</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>on way</b>	21c. (CITY, TOWN) OR TOWNSHIP (COUNTY) (STATE) <b>Liberty Clay Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan. 30 49 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>2 car collision</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:40P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. E. Upsher</b> (Degree or title)	23b. ADDRESS <b>2800 main</b>	23c. DATE SIGNED <b>Feb. 9/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 9/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jackson County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Feb 5-1949</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Roland R. Speaks</b>	ADDRESS <b>Independence, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_



Licensed Embalmer No. 3604

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Independence, Missouri

**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.