

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16265

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 77

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

1. PLACE OF DEATH a. COUNTY <i>Jackson County Emerg. Hosp.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Prairie</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Stone Jack (Rural)</i>	
c. LENGTH OF STAY (In this place) <i>3</i>		d. STREET ADDRESS (If rural, give location) <i>5 miles South</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jackson County Emergency Hosp.</i>			

3. NAME OF DECEASED (Type or Print) <i>Mrs Jessie Green</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>4 23 1949</i>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>4-29-1910</i>	9. AGE (In years last birthday) <i>39</i>	IF UNDER 1 YEAR <i>3</i>	IF UNDER 1 MONTH <i>25</i>	IF UNDER 1 MIN. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i></i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>US</i>
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13a. FATHER'S NAME <i>Thomas Sanders</i>	13b. MOTHER'S MAIDEN NAME <i>Laura Blackledge</i>	14. NAME OF HUSBAND OR WIFE <i>Thomas Green</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i></i>	16. SOCIAL SECURITY NO. <i></i>	17. INFORMANT'S SIGNATURE OR NAME <i>Hospital Record</i>	ADDRESS <i></i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma left breast 3 mos.</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Frank E. Trehanne M.D.</i>	23b. ADDRESS <i>#4 Independence Mo</i>	23c. DATE SIGNED <i>4-25-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4-25-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Blue Springs</i>	24d. LOCATION (City, town, or county) (State) <i>Blue Springs Mo</i>
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DATE REC'D BY LOCAL REG. *4-25-49* REGISTRAR'S SIGNATURE *Ronald C. Earnshaw* 378 FUNERAL DIRECTOR'S SIGNATURE *Wm G B Webb* ADDRESS *Blue Springs Mo*

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
Student Embalmer

Signed RBW.....

Licensed Embalmer No. 2353.....

P. O. Address Blue Springs 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.