

FILED AUG 12 1949.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23408  
3164

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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 town) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>4 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1429 Holmes</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Selva</b>	b. (Middle) <b>Herbert</b>	c. (Last) <b>Green</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7 20 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 15, 1908</b>	9. AGE (In years last birthday) <b>41</b>	IF UNDER 1 YEAR Months <b>-</b> Days <b>-</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>Border Maker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Darby Const. Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Pittsburg Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John T. Green</b>	13b. MOTHER'S MAIDEN NAME <b>Pearl Evans</b>	14. NAME OF HUSBAND OR WIFE <b>Aliene Green K.C. Mo</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Aliene Green</b>	ADDRESS <b>K.C. Mo</b>
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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, asthenia, 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>Cirrhosis of liver</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____		
II. 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 checked="" 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) (Min.)	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 July 8, 1949, to July 20, 1949, that I last saw the deceased alive on July 20, 1949, and that death occurred at 6:32 P.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. W. Hart</b> (Degree or title)	23b. ADDRESS <b>Med. Dir. Gen'l Hosp.</b>	23c. DATE SIGNED <b>7-21-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 22-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lawson Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Lawson Clay Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-22-49</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Morton-Smith's</b>	ADDRESS <b>North. K.C. Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Reding*

**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 *Theron Smith*

Licensed Embalmer No. *3928*

P. O. Address *North Kansas City*

**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.