

FILED OCT 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30694

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 40 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		4
d. FULL NAME OF HOSPITAL OR INSTITUTION Convalescent Home for Elderly			d. STREET ADDRESS (If rural, give location) 9875 Winner Rd.		

3. NAME OF DECEASED (Type or Print) Elizabeth		a. (First)	b. (Middle)	c. (Last) Green	4. DATE OF DEATH (Month) (Day) (Year) Sept. 25 1949	
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 29, 1850	9. AGE (In years last birthday) 98	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Wisconsin		12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Wm. Soules		13b. MOTHER'S MAIDEN NAME Almira Spooner		14. NAME OF HUSBAND OR WIFE Nathan Green	
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Chas. R. Kenmuir 9875 Winner Rd			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic endocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) General atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4214
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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) m.	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 April 6, 1949, to Sept 25, 1949, that I last saw the deceased alive on Sept 25, 1949, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Ruth V. Anderson, D.O.		23b. ADDRESS Independence Mo		23c. DATE SIGNED 9/26/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 9/27/49	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
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DATE REC'D BY LOCAL REG. Spt. 26-1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE STINE & MCCLURE CO.	ADDRESS KANSAS CITY MO.	
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SEP 28 RECD

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 Walter H. [Signature]

Licensed Embalmer No. 4560

P. O. Address RC MW

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform to the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.