

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33837
4499

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4499	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		76 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Holy Trinity - Ave. 1				d. STREET ADDRESS (If rural, give location) 1614 Tracy - Ave. 7			
3. NAME OF DECEASED (Type or Print) a. (First) Shedric b. (Middle) Levi c. (Last) GREEN			4. DATE OF DEATH (Month) (Day) (Year) OCT. 17 - '49				
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH UNKNOWN 68	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Manufacturing		11. BIRTHPLACE (State or foreign country) Nashville, Tenn.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Lucy Green	
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. 496-05-1058A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucy Green 1614 TRACY AVE.			
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) Cerebral Apoplexy (b) Hypertension with (c) Angina Pectoris					INTERVAL BETWEEN ONSET AND DEATH Oct. 5
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4202					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)			
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?			
22. I hereby certify that I attended the deceased from 10-14, 1949 to 10-17, 1949, that I last saw the deceased alive on Oct. 17, 1949, and that death occurred at 10:00 PM, from the causes and on the date stated above.							
23a. SIGNATURE D. M. Miller, M.D. (Degree or title)				23b. ADDRESS 1816 Pine - Kdo. Mo.		23c. DATE SIGNED 10-20-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT 21, 1949		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cem.		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 10-21-49		REGISTRAR'S SIGNATURE Geraldine Halmer			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1515 Tronachs		

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

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 *C. E. Davis*.....

Licensed Embalmer No. 4417.....

P. O. Address *J. C. Moore*.....

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.