

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8695

State File No. _____
Registrar's No. **830**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 60 YEARS		d. STREET ADDRESS (If rural, give location) 2609 MEYER BLVD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2609 MEYER BLVD.			

3. NAME OF DECEASED (Type or Print) a. (First) LOUE b. (Middle) ELLA c. (Last) GREEN			4. DATE OF DEATH (Month) (Day) (Year) FEB. 21-1950		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH SEPT-7-1867		9. AGE (In years last birthday) 82 YEARS		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) WHITEHALL ILLINOIS			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME ANDREW JACKSON GAITHER			13b. MOTHER'S MAIDEN NAME MARTHA JANE THOMPSON			14. NAME OF HUSBAND OR WIFE WILLIAM THOMAS GREEN		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS MYRTLE GREEN 2609 MEYER BLVD KANSAS CITY MO			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia						INTERVAL BETWEEN ONSET AND DEATH 10 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch-myo casetels						years	
		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 490x						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) 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 **2-15**, 19**50**, to **2-21**, 19**50**, that I last saw the deceased alive on **2-21**, 19**50**, and that death occurred at **4:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. R. Jackson (Degree or title)			23b. ADDRESS 1107 Beward Blvd			23c. DATE SIGNED 2/21/50		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-23-50		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cem		24d. LOCATION (City, town, or county) Marshall mo	
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DATE REC'D BY LOCAL REG. 2-23-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.N. Newcome's Sons 1331 BRUSH CREEK KANSAS CITY, MO.	
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WRITE PLAINLY—USING UNEADING 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 _____

Albert L. Savage
working under my personal supervision.

Student Embalmer No. *360*

Student *Albert L. Savage*
Student Embalmer *360*

Signed: *D. J. Nozlinger*

Licensed Embalmer No. *3938*

P. O. Address *Kansas City, 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.