

FILED FEB 17 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 4802

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 411	
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) 41 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		3408	
d. FULL NAME OF HOSPITAL OR INSTITUTION LANESIDE HOSPITAL				d. STREET ADDRESS (If rural, give location) 2848 TRACY AVENUE			
3. NAME OF DECEASED (Type or Print) a. (First) JESSIE		b. (Middle) G.		c. (Last) KEY		4. DATE OF DEATH (Month) (Day) (Year) JAN. 26. 1951	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG-4-1872	
9. AGE (In years last birthday) 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		9. IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
11. BIRTHPLACE (State or foreign country) LOUISIANA MISSOURI				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME ROYLAND GREEN			13b. MOTHER'S MAIDEN NAME DELILAH BOONE		14. NAME OF HUSBAND OR WIFE ROY KEY		
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 MISS RUTH SMITH		ADDRESS 740 LOCUST STREET KANSAS CITY, MO.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 20 hrs 20 min 78 yrs 33 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 25, 1951, to Jan 26, 1951, that I last saw the deceased alive on Jan 26, 1951, and that death occurred at 12:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE M. L. Fletcher (Degree or title) M. L. Fletcher, D.O.				23b. ADDRESS 922 W. 24th St. KC Mo		23c. DATE SIGNED MO	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-29-51		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) Louisiana, MO.	
DATE REC'D BY LOCAL REG. 1-29-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

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 \_\_\_\_\_

Licensed Embalmer No. 4453

P. O. Address 75 Aurora 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.