

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **14201**
1648

FILED APR 16 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY Jackson	b. CITY OR TOWN Kansas City	a. STATE Missouri	b. COUNTY Jackson
c. LENGTH OF STAY (in this place) over 104		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		d. STREET ADDRESS (If rural, give location) 2304 E. 13th St.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) Della Mae	b. (Middle) Epps	c. (Last) Green	Mar-19-1953

5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widow	8. DATE OF BIRTH Sept-20-1884	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR (Month) (Day) (Hour) (Min)	IF UNDER 24 HRS. (Hour) (Min)
-----------------------------	--	--	---	--	---	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lexington MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	---

13a. FATHER'S NAME John Epps	13b. MOTHER'S MAIDEN NAME Margaret Rathman	14. NAME OF HUSBAND OR WIFE Howard Green
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 487-12-5676	17. INFORMANT'S SIGNATURE OR NAME Catherine Geraldine Fryor	ADDRESS 327 From
--	---	---	--------------------------------

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 Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Fractured Rt Femur Fracture of 2nd rib Proximal Bristle trauma		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Origin		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Autopsy at Gen Hospital #2	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
-------------------------------	---	---

21a. ACCIDENT SOURCE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, school, street, office, bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Missouri
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3/19/53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell after alighting from bus fell back into the bus.
---	---	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Thos. A. Jones (Degree or title)	23b. ADDRESS 1612 E 12th	23c. DATE SIGNED 3/23/53
---	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar-25-53	24c. NAME OF CEMETERY OR CREMATORY Highland Cem.	24d. LOCATION (City, town, or county) (State) Kansas City MO
--	-----------------------------------	--	--

DATE REC'D BY LOCAL REG. 3-24-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Thos. Appleton Jones	ADDRESS City
--	---	---	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

13th St. Brooklyn
fell from Bus?
Coroner's inquest 4-2-53

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. 2710

P. O. Address Kansas City

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

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