

THE DIVISION OF HEALTH OF MISSOURI
 FILED DEC 6 1955 STANDARD CERTIFICATE OF DEATH

State File No. 36853

5068

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

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 OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2

e. STREET ADDRESS (If rural, give location) 1710 Park 22nd

3. NAME OF DECEASED a. (First) Ruby b. (Middle) _____ c. (Last) Green 4. DATE OF DEATH (Month) (Day) (Year) 11 19 1955

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH July 4, 1930 9. AGE (In years last birthday) 25 IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

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

13a. FATHER'S NAME John Murray 13b. MOTHER'S MAIDEN NAME Ethal 14. NAME OF HUSBAND OR WIFE Cornell Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No 16. SOCIAL SECURITY NO. None UNK. 17. INFORMANT'S SIGNATURE OR NAME CORNELL GREEN ADDRESS 1710 Park

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
 ANTECEDENT CAUSES DUE TO (b) Hypertension.
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH 3 1/2

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 11-12-55, 19____, to 11-19-55, 19____, that I last saw the deceased alive on 11-19-55, 19____, and that death occurred at 7:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis MD (Degree or title) _____ 23b. ADDRESS 600 E. 22nd Street 23c. DATE SIGNED 11-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-25-1955 24c. NAME OF CEMETERY OR CREMATORY Highland 24d. LOCATION (City, town, or county) (State) K.C. Mo.

DATE REC'D BY LOCAL REG. 11-22-55 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE Brigham + Jones ADDRESS 18th + Park

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.....
Signature of Student Embalmer

Signed *Laurence A. Jones*.....
Licensed Embalmer No.4....

P. O. Address *R. C. 300*.....
R. C. 300

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.