

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13997

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township Law Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 1821 Cases Registered No. 1751
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Sibbie Davis Green
(a) Residence, No. 1821 Paseo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jim Green
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 — — — — — —
8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.13. NAME Stere Crump14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.15. MAIDEN NAME Nancy Core16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. C.17. INFORMANT (ADDRESS) Mrs. Addie Meyberry
1801 E. 16th St.18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Springton Mo. 4/16/3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Nathanael Groe
1729 Lyda20. FILED Apr 26 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18-39 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him April 18 1939 Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Glomerulonephritis
Hypertensive myocardium
Acute Pulmonary Edema

Date of onset

Other contributory causes of importance: 131

Name of operation _____ Date of _____

What test confirmed diagnosis? Ausly Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Funellier Ben, M. D.(Address) KCMO

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. 1-12-38
90M-1-12-38
I X14028

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

Robert Adams

....., or by

Registered Apprentice No. *178*, working under my personal supervision.

Signed.....

D. B. Watkins

Licensed Embalmer No. *2889*

P. O. Address *1729 Lydia*

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, above space should be left blank.