No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17073

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1735

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4849 Westwood Road /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 9 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Mc Cracken 999

(c) City or town Culvert City 15
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ---------- 2 years.

3. (a) PRINT FULL NAME Mrs. Carrie L. Green

3. (b) If veteran, name war --------

3. (c) Social Security No. --------

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife J.M.Green

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased January (Month) 19 (Day) 1860 (Year)

8. AGE: Years 81 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Culvert City / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---------

MOTHER FATHER

12. Name James Draffen

13. Birthplace / Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Satterfield

15. Birthplace / Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B.W.Blewett

(b) Address 4849 Westwood Rd., K.C.Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/2/41 (Month) (Day) (Year)

(c) Place: burial or cremation Culvert City, Ky.

18. (a) Signature of funeral director [signature]

(b) Address Kansas City, Kansas

19. (a) May 2, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1941 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 15, 1940, to ~~April 30~~ May 1st, 1941; that I last saw her alive on April 30, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	4 yrs.
Due to Coronary Sclerosis	2 yrs.
Due to Acute Pulmonary Oedema	2 da.
Other conditions (Include pregnancy within 3 months of death): Senile Psychosis	15
Broncho Pneumonia	92

Major findings:
Of operations none 93 D
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature G. A. Koy (M. D. or other) M.D.

Address 1002 Argyle Bldg. Date signed 5/1/41

(Licensed Embalmer's Statement on Reverse Side)

4827 Liberty

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.....

.....; Registered Apprentice No.....

working under my personal supervision.

Signed D. Ross Blanford

Licensed Embalmer No. 4015

P. O. Address 41st & State Line

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

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