

76
 REC'D MAR 22 1938

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

7654
 Do not use this space.

1. PLACE OF DEATH

(a) County Way Registration District No. 43
 (b) Township Jackson Primary Registration District No. 8-2-2 Registered No. _____
 (c) City Belle R. D. (d) Street No. _____ St. _____
 (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 Elizabeth Gustine Green 650

(a) Residence, No. Belle R. D. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jay Green

22. I HEREBY CERTIFY, That I attended deceased from 2-11, 1938, to 2-18, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 1874

I last saw him alive on 2-18, 1938. Death is said to have occurred on the date stated above, at 9:30 p.m.

7. AGE YEARS 63 MONTHS 6 DAYS 5 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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

1. Dilated millentus
 2. Eng - cordis
 3. Cardia Pedema
 4. Acute nephritis

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Other contributory causes of importance: 59

FATHER 13. NAME Jasper Weeks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Adaline Train

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co Mo

17. INFORMANT (ADDRESS) Mr Jay Green Belle R. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Mo DATE 2/20 1938

19. FUNERAL DIRECTOR (ADDRESS) Motor Funeral Home

20. FILED Mar 10 1938 Leona Johnson Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? phy & clinical Was there an autopsy? no

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? no
 If so, specify _____

(Signed) Wm V. [unclear], M. D.
A Harris Mo (Address)

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, Victor Buescher, Licensed Embalmer No. 3701

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

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.)