

E. C. Glenn

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

25330  
Do not use this space.

AUG 24 1938

1. PLACE OF DEATH  
(a) County St. Louis Registration District No. 318  
(b) Township 1 Primary Registration District No. 2001 Registered No. 560  
(c) City Springfield (d) Street No. 1926 N. Grant ave St. Mo.  
(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 Emma Jane Green 657  
(a) Residence, No. 1926 N. Grant ave St. Mo. (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 Fi. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fredrick L. Green  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1866  
7. AGE YEARS 72 MONTHS 1 DAYS 1 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife  
9. Industry or business in which work was done, as saw mill, bank, etc. In home  
10. Date deceased last worked at this occupation (month and year) 4/7/38 11. Total time (years) spent in this occupation ✓  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fair Grove Missouri  
13. NAME John Ramey  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
15. MAIDEN NAME Sarah J. Henry  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynn  
17. INFORMANT (ADDRESS) Fredrick L. Green  
1926 N. Grant ave  
18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE July 18 38  
19. FUNERAL DIRECTOR (ADDRESS) Wm. H. Hughes & Co  
Springfield Mo.  
20. FILED July 18 1938 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1938  
22. I HEREBY CERTIFY, That I attended deceased from June 16 1938 to July 16 1938  
I first saw her alive on July 15 1938. Death is said to have occurred on the date stated above, at 5:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of the lung, left  
Date of onset Feb 35  
Other contributory causes of importance:  
Thrombosis of coronary vein, left  
Reland & Myocardial infarction  
Date of onset 7-7-35  
5-1-35  
6-1-35  
Name of operation none Date of none  
What test confirmed diagnosis? X-ray Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no  
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury no  
Nature of injury no  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) E. C. Glenn, M. D.  
Springfield, Mo.

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, J.B. Klingner, Licensed Embalmer No. 3358  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ray A. Gavin  
1763 Warren S. Noblett # 4005  
No. Mr. Max Rhodes or by Mr. Max Rhodes, Registered Apprentice No. 117  
working under my personal supervision.

Signed J.B. Klingner  
Licensed Embalmer No. 3358

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.)