

REC'D JAN 13 1938

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

41602

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Rau Primary Registration District No. 1002
(c) City Jackson City (d) Street No. 908 East 28th Registered No. 4668
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Miss Mrs. Sarah Fernagaw Green
(a) Residence, No. 908 E 28th St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James J. Green
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 10 0
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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) Mackenzie Tenn.
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME Samantha Jane Hardin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia
17. INFORMANT (ADDRESS) Miss Alice Green 908 E 28th
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Dec 1 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Newcomer's Sons 3 Rushcreek & Peace
20. FILED Dec 1 38 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1938
22. I HEREBY CERTIFY That I attended deceased from Sept 37, 1937, to Nov 28, 1938
I last saw her alive on Nov 28, 1938. Death is said to have occurred on the date stated above, at 4:20 A.M.
The principal cause of death and related causes of importance were as follows:
Myocarditis
925
Date of onset Nov 1, 38
Other contributory causes of importance:
Sensitivity
Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury
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) D. J. Jones, M. D.
(Address) 907 Waldheim Bldg 1

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

Lawrence Carr

Licensed Embalmer No. *4031*

P. O. Address.....

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.