JAN 14 1939

Dr. Kerr

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

43162
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE — Registration District No. 318

(b) Township N. Campbell — Primary Registration District No. 5439 — Registered No. 1007

(c) City SPRINGFIELD (d) Street No. Route # 2 St.

(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 450 Charles Austin Green

(a) Residence, No. Route # 2 St. R#2

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1867

7. AGE: Years ✓ 71 — Months 5 — Days 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) East Aurora New York

FATHER

13. NAME David R. Green ?

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

MOTHER

15. MAIDEN NAME Unknown ?

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

17. INFORMANT (ADDRESS) Mr A.H. Green Houston, Texas

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Dec. 26, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.H. Lohmeyer Springfield, Mo.

20. FILED Dec 26 1938 Chas A George M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1938, to Dec 25, 1938

I last saw him alive on Dec 28, 1938. Death is said to have occurred on the date stated above, at 12:15 pm

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

	Date of onset
Acute Gastritis	
93	

Other contributory causes of importance: myocarditis Chronic

Name of operation no Date of ?

What test confirmed diagnosis? ? 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? no

If so, specify ?

(Signed) [illegible], M. D.

(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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, ...

....., or by me

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

Signed M L Canaday

Licensed Embalmer No. 34/34

P. O. Address Springfield, M

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.