

1938 JAN 18 1938

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

*Carlish*  
44098  
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis <sup>2</sup> Registration District No. 668  
(b) Township \_\_\_\_\_ Primary Registration District No. 3039  
(c) City Sedalia <sup>1</sup> (d) Street No. 624 East 14th. 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 650 Flora Belle Green

(a) Residence, No. 624 East 14th. St.  (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 Female 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 Mark Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 5 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
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) Lancaster Penn. /

FATHER 13. NAME Jerimiah J. Cover  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn. /

MOTHER 15. MAIDEN NAME Hannah Mary Jackson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Youngstown Ohio /

17. INFORMANT M.E. Green (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Dec. 19, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gillespie Funeral Home Sedalia, Mo. 906

20. FILED 12-19-38 Mrs. Harry Sneed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1938 19  
22. I HEREBY CERTIFY, That I attended deceased from 1934, 19... to Dec 17 1938, 19...  
I last saw her alive on Dec 17, 1938 Death is said to have occurred on the date stated above, at 10:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia Date of onset Dec 17 1938  
95 P  
Other contributory causes of importance: Cardio-Nephritic 1934  
Secondary Anemia 1938

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Fundus 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 \_\_\_\_\_, 19...  
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 none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify no  
(Signed) Dr. B. Carlisle M.D. / M. D.  
(Address) Sedalia 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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1/14/39

**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 L. E. Boudreau

Licensed Embalmer No. 3867

P. O. Address Sedalia, Mo.

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.