

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

2313
Do not use this space.

REC'D FEB 15 1939

PLACE OF DEATH *Green*

(a) County *3* Registration District No. *316*
 (b) Township *Springfield* Primary Registration District No. *2001* Registered No. *48*
 (c) City *Springfield* (d) Street No. *Tydol Hotel* 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. *7* mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *ETHEL GREEN*
 (a) Residence, No. *Tydol Hotel Spgs. Mo.* *Mtn. Home, Ark*
 (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 *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Irvin Green*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 30, 1911*
 7. AGE YEARS *27* MONTHS *4* DAYS *17* If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *waitress*
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 17, 1939*
 22. I HEREBY CERTIFY, That I attended deceased from *Jan 17, 1939* to *Jan 17, 1939*
 I last saw her *dead* alive on *Jan 17, 1939* Death is said to have occurred on the date stated above, at *2 P. M.*
 The principal cause of death and related causes of importance were as follows:
Compound Fracture of Skull Date of onset
punctured wound neck
Riding in automobile

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*
 13. NAME *Unknown*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*
 15. MAIDEN NAME *Unknown*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*
 17. INFORMANT (ADDRESS) *Laura Linnery Tydol Hotel*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Home, Ark* DATE *Jan 18, 1939*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *O.B. McClure Mt. Home, Ark.*
 20. FILED *Jan 18, 1939* *Chas. A. Thompson* Local Registrar

Other contributory causes of importance:
 Name of operation Date of operation
 What test confirmed diagnosis? Was there an autopsy? *no*
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide *Accident* Date of injury *Jan 17, 1939*
 Where did injury occur? *Highway, County*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury *Automobile accident*
 Nature of injury *Fracture skull*
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) *J.P. Ferguson* (Address) *604 S. Elm*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill in.

210m

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, Ray A. Co
mas Rhodes & Warren Gablette, or by _____

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

Signed J. B. Klingner
Licensed Embalmer No. 3358

P. O. Address Springfield, In

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.

Official of Embalmer - Exact statement of OCCUPATION is...

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Greene Registration District No. 318
(b) Township _____ Primary Registration District No. 2001 Registered No. 48
(c) City Springfield (d) Street No. _____ 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 Ethel Greene

(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 4 17

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.
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Mar 14 1939 Chas A George Reg. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ 1939 to _____ 1939

I last saw h. _____ alive on _____, 1939. Death is said to have occurred on the date stated above, at _____ m.

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

Compound fracture of skull
Punctured wound of neck
Driving in auto
Collision with tree
Date of onset 10/17
Other contributory causes of importance:

Name of operation _____ 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 Accident Date of injury Jan 17 1939

Where did injury occur Highway in Valet

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public place

Manner of injury Auto accident

Nature of injury Fracture skull

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. P. Ferguson M.D.

(Address) Springfield Mo

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Copy of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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