

DEC'D SFP 19 1939

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

29569

Do not use this space.

## 1. PLACE OF DEATH

(a) County Lewis Registration District No. 480  
(b) Township Union Primary Registration District No. 4289 Registered No. 14  
(c) City La Grange (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

Benjamin Glover Green  
(a) Residence, No. La Grange 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22nd. 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
77 5 29

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) Lewis County, Missouri

FATHER 13. NAME William Green  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Nancy Osborn  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Oscar Becker  
La Grange, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE La Grange DATE Aug. 23rd. 193919. FUNERAL DIRECTOR (ADDRESS) A. A. Roberts  
La Grange, Mo.20. FILED Aug 23 1939 W. B. Elley Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21 19 3922. I HEREBY CERTIFY, That I attended deceased from Aug. 15 19 39, to Aug 21 19 39

I last saw him alive on Aug 21 19 39 Death is said to have occurred on the date stated above, at 10 P. m.  
The principal cause of death and related causes of importance were as follows:

Cardio Renal Insufficiency Date of onset

Other contributory causes of importance: 95 lb<sup>2</sup>Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Spinal 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) D. J. Hilliard M. D.1733 (Address) Clinton Mo.

RECEIVED

District Health Officer No. 10

District File Number 9-39-1673

Date Filed SEP 14 1939

STATEMENT BY LICENSED EMBALMER

I, A. A. Roberts, Licensed Embalmer No. 1626

hereby certify that the body recorded on the reverse side of this certificate was embalmed by A. A. Roberts

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed A. A. Roberts

Licensed Embalmer No. 1626

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.)