

35490

State File No. _____

Registrar's No. 10DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHRegistration District No. 77 Primary Registration District No. 5113

1. PLACE OF DEATH:

- (a) County Boone County
 (b) City or town Hallsville (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Boone Green
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

8. (a) PRINT FULL NAME ARTHUR W. GREEN

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Martha Green 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Aug 1 1921
(Month) (Day) (Year)8. AGE: Years 68 Months 2 Days 12 If less than one day _____ hr. _____ min.9. Birthplace Penn (City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Eliza Green13. Birthplace England (City, town, or county) (State or foreign country)14. Maiden name Hessess Carr15. Birthplace Chelmsford (City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. A. W. Green(b) Address Hallsville, Missouri17. (a) Burial (b) Date thereof Oct-15-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Big Brick Cemetery18. (a) Signature of funeral director Donald J. Hancock(b) Address Boonville, Mo19. (a) 10-15-39 (b) Mrs. F. L. Faucett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Boone
 (c) City or town Hallsville, R. T. D.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 13
year 1939 hour 11 minute 30 M.21. I hereby certify that I attended the deceased from Oct. 7
to Oct. 13, 1939that I last saw him alive on Oct. 13, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Lobar pneumonia Duration 10/7

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____Address Centerville, Mo Date signed 10/14

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-39
U. S. G. P. 1 X19311

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.....

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

Signed.....

M. J. McDonald

Licensed Embalmer No.....

2589

P. O. Address.....

Centralia 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.