DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40260

Registration District No. 5 61 — Primary Registration District No. 5 755 A — Registrar's No. 76

1. PLACE OF DEATH:

(a) County: MILLER 2

(b) City or town: ELDON-RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ELDON-RURAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)

In this community ✓

2. USUAL RESIDENCE OF DECEASED: 1

(a) State: MO. (b) County: MILLER

(c) City or town: RURAL - ELDON
(If outside city or town limits, write "RURAL")

(d) Street No.: ROUTE ONE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME: CHAS. RAYMOND GREEN

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: ✓

6. (b) Name of husband or wife: ✓

6. (c) Age of husband or wife if alive: ✓ years

7. Birth date of deceased: OCT. (Month) 31 (Day) 1939 (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 6 hr. min.

9. Birthplace: RURAL-ELDON, MO. (City, town, or county) (State or foreign country)

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER
12. Name: RAYMOND IRVIN GREEN
13. Birthplace: ELDON, MO. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: NOMA ETHYL HARRISON
15. Birthplace: NEOSHO, MO. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Raymond L. Green
(b) Address: Eldon Mo

17. (a) Oct 31. 1939 (Burial, cremation, or removal) (b) Date thereof: Burial (Month) (Day) (Year)
(c) Place: burial or cremation: Disposed of by Relatives

18. (a) Signature of funeral director: [illegible]
(b) Address:

19. (a) Nov 29. 39 (Date received local registrar) (b) Belle Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 1 year 1939 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from OCT. 31, 1939, to NOV. 1, 1939; that I last saw him alive on Nov. 1, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
PREMATURE BIRTH	
Due to: ?	
Due to: ?	
Other conditions: ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN — Underline the cause to which death should be charged statistically.

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: E. L. Shelton (M. D. or other)
Address: 6 S. MAPLE, ELDON Date signed 11-28-39

(Licensed Embalmer's Statement on Reverse Side)

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

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
Miller County Health Dept.
County File Number 39-134
Date Filed 12-11-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.