

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.

Registration District No. 1171

Primary Registration District No. 6145

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County TEXAS Jackson
 (b) City or town RURAL RAYMONDVILLE
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(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)

3. (a) PRINT FULL NAME ELSIE DARLENE GREEN
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: JAN 15 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace TEXAS CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name unknown

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name MARY LUCILLE GREEN
(City, town, or county) (State or foreign country)

15. Birthplace TEXAS CO. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. Dellman

(b) Address HOUSTON, MO.

17. (a) Burial (b) Date thereof Jan 17-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friendship cemetery

18. (a) Signature of funeral director neighbor

(b) Address Raymondville Mo

19. (a) Jan 19-1940 (b) Mrs Doris Gregory
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County TEXAS
 (c) City or town RURAL - RAYMONDVILLE
(If outside city or town limits, write "RURAL")
 (d) Street No. JACKSON TWP.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 17
 year 1940 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from JAN 15, 1940, to JAN 17, 1940
 that I last saw her alive on JAN 15, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death ACCIDENTAL SUFFOCATION

Due to BY BED CLOTHES

Due to _____

Other conditions 180
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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) ACCIDENT

(b) Date of occurrence JAN. 17, 1940

(c) Where did injury occur? HOME - TEXAS - MO.
(City or town) (County) (State)

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

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

23. Signature M Dellman (M. D. or other) MD.

Address HOUSTON, MO Date signed 1-18-40

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.

RECEIVED
District Health Officer No. 5,
210212
District File Number
21440
Date Filed

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.