

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

Rev. 5-17-39 I-110511

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6945**

Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
532 Olive St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Kenneth Carl Green**

8. (b) If veteran, name war **World War**
3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 5 1896**
(Month) (Day) (Year)

8. AGE: Years **43** Months **3** Days **1** If less than one day hr. _____ min.

9. Birthplace **Osage City, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cafe Operator**

11. Industry or business _____

MOTHER FATHER { 12. Name **Charles Green**
13. Birthplace **Iowa**
(City, town, or county) (State or foreign country)
14. Maiden name **Missouri Hendrix**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Ada Green**

(b) Address **532 Olive St., Carthage, Mo.**

17. (a) **Burial** (b) Date thereof **3/8/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **1208 S. Garrison, Carthage, Mo.**

19. (a) **Mar. 8, 1940** (b) **E. J. McEntire, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage**
(If outside city or town limits, write "RURAL")
(d) Street No. **532 Olive St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **6th**
year **1940** hour **4:16** minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him **alive on March 7 - 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart** Duration _____
Beach

Due to _____

Due to _____

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy **Visceral**
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 **A. T. Winchester** (M. D. or other) _____
Address **Jasper Mo.** Date signed **3-7-40**

DATE MAY 14 1940
RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT

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 E. L. L. L. L.

Licensed Embalmer No. 2222

P. O. Address Carthage

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.