

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
538 W. Allison
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 538 W. Allison
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3,
year 1940 hour 12:20 minute _____ A. M.

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

Immediate cause of death: Cerebral Hemorrhage

Duration
Buddley

Due to Hypertension

Don't know

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations
Of autopsy

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(a) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature W. Love (M. D. or other)
Address Nevada, Mo Date signed 4-5-40

3. (a) PRINT FULL NAME Mary Ann Green ⁶⁵⁰

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Franklin Green 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased about 1865
(Month) (Day) (Year)

8. AGE: Years about 75 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Unknown Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William F. Green

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof April 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highwood Cemetery

18. (a) Signature of funeral director Allen J. Hays

(b) Address Nevada, Mo.

19. (a) 4/16/40 (b) Allen J. Hays
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 5-40-731

Date Filed 5-6-40

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 Person

Registered Apprentice No. _____

working under my personal supervision.

Signed Lloyd B. Winsett

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.