

Registration District No. 316

Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town SPRINGFIELD
(c) Name of hospital or institution: Springfield Baptist Hospital
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED: /
(a) State Missouri (b) County Camden
(c) City or town _____
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME: Wilcox L. Green 650
(b) If veteran, name war: none
(c) Social Security No.: none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 17
year 1940 hour 6 minute 50 p.m.

4. Sex: male
5. Color or race: White
6. (a) Single, widowed, married, divorced: none
6. (b) Name of husband or wife: Ella Green
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: Sept. 16 - 1876

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him in alive on June 17, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death: Coronary Thrombosis

8. AGE: Years 63 Months 9 Days 1
If less than one day hr. _____ min. _____

Due to: falling operation
Due to: Myocardial Infarction
Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace: Climax Spings Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____
12. Name: George Green
13. Birthplace: Camden Co Mo
14. Maiden name: Margaret Green
15. Birthplace: Camden Co Mo

Major findings: Stenocardia
Of operations: _____
Of autopsy: Thrombosis
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: W. H. Green
(b) Address: Climax Spings
17. (a) Burial (b) Date thereof: June 19 - 1940
(c) Place: burial or cremation: Green Cemetery

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

18. (a) Signature of funeral director: L. B. Jones
(b) Address: Buffalo Mo
19. (a) June 19, 1940 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

23. Signature: W. E. Handley (M. D. or other) _____
Address: _____ Date signed: _____

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

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.

X