S. No. 2
-11-10-39
5-17-39
PI X21492

13

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

REC JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22401

Registration District No. 1611 Primary Registration District No. 4365 Registrar's No. 58/2

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Seneca Twp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

(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 10 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Seneca Mo. Rural

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

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

3. (a) PRINT FULL NAME ZORA DELL GREEN 650

3. (b) If veteran, name war ✓

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hubert Green

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

7. Birth date of deceased June (Month) 8 (Day) - 1902 (Year)

8. AGE: Years 37 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Reynolds Co. (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation House Wife 6

11. Industry or business ✓

FATHER 12. Name William C. Johnston

13. Birthplace Reynolds Co. (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name Flora Gilbert

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

16. (a) Informant Hubert Green

(b) Address Seneca Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Granby, Mo.

18. (a) Signature of funeral director Bill Buzzard

(b) Address Seneca Mo.

19. (a) June 12, 40 (Date received local registrar) (b) Merle Sparlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1940 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 1, 1940, to May 17, 1940, that I last saw her alive on May 17, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Uterus	
Due to 48	
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations ✓
Of autopsy None

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) No

(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? 545

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

23. Signature N. C. Barnard (M. D. or other)

Address Seneca Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 740-2363
Date Filed JUN 12 1940

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 James Weldon Buzzard, Registered Apprentice No. 239, working under my personal supervision.

Signed B. W. Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca 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.