AUG

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25070

State File No.

Registration District No. 288 Primary Registration District No. 4172 Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: Presnell Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin

(c) City or town Clarkton Rural (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME Bertha Green 66D

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Oct (Month) 17 (Day) 1906 (Year)

8. AGE: Years 33 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Cook Co Texas (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business —

FATHER
12. Name Jack Jas Chesney
13. Birthplace Ark (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane D.K.
15. Birthplace Ark (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Otis Green

(b) Address Kennett Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Aug 2-40 (Month) (Day) (Year)

(c) Place: burial or cremation Morrilton Ark

18. (a) Signature of funeral director Jernigan Funeral Home

(b) Address Malden Mo.

19. (a) Aug 2-40 (Date received local registrar) (b) Wheeler Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1940 hour 2 minute 09 P. M.

21. I hereby certify that I attended the deceased from 7-28/40, 19__, to 7/31/40, 19__; that I last saw her alive on 7/31/40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Perforated Gastric Ulcer	1 day
Due to Reflex Ulcer	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

117 W

Major findings:
Of operations

Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. R. Kennett MD (M. D. or other)

Address Kennett Mo. Date signed 7-31-40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 2,
District File Number 840-133
Date Filed 8/12/40

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.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.