

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAILED NOV 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36247
Registrar's No. 2

Registration District No. 1037 Primary Registration District No. 6012

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

1. PLACE OF DEATH:
(a) County St. Clair
(b) City or town Park - Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 20
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME The Franklin Green
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Patsy G. Green 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 3 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Granville Green
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Martha Smith
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Patsy G. Green

(b) Address Guincy, Missouri Mo

17. (a) burial (b) Date thereof Oct 7 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Guincy

18. (a) Signature of funeral director J. R. Luckey

(b) Address Wheatland Mo

19. (a) Oct 12 (b) Mrs. W. F. Hudson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Clair
(c) City or town Park - 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5 year 1940 hour 11 minute 30 M. a

21. I hereby certify that I attended the deceased from Sept 26th 1940, to Oct 5th 1940 that I last saw him alive on Oct 5th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular renal disease

Due to _____
Due to 131

Other conditions Old age
(Include pregnancy within 3 months of death)

Major findings: no operation
Of operations _____
Of autopsy no 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? 614

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

23. Signature J. F. Murray (M. D. Missouri)
Address Guincy Mo. Date signed Oct 5 1940

Handwritten notes and scribbles at the top left of the page.

RECEIVED
District Health Officer No. 7,
District File Number 11-40-1558
Date Filed 11-6-40

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.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed J.P. Luckey

Licensed Embalmer No. 2982

P. O. Address Wheatland

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, fact should be so stated above.