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13-40  
17-39  
X23159

Registration District No. 316

Primary Registration District No. 5432

Registrar's No. ....

FILED DEC 10 1940

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

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town Miller *hwy*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 22 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Miller Township  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Minnie Agness Blondena Green

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Nov day 5 year 1940 hour \_\_\_\_\_ minute II/30 P. M.

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

21. I hereby certify that I attended the deceased from July 14, 1940, to Oct 9<sup>th</sup>, 1940 that I last saw him alive on Oct 9<sup>th</sup>, 1940; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Ralph Green 6. (c) Age of husband or wife if alive 26 years

Immediate cause of death acute tuberculosis (Pulmonary) (Hemorrhage)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

7. Birth date of deceased Sept 30 1918  
(Month) (Day) (Year)

8. AGE: Years 22 Months I Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) JJ

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name William P. Dator

13. Birthplace Gentry, Co MO  
(City, town, or county) (State or foreign country)

14. Maiden name Annie Belle Harryman

15. Birthplace Stone, Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs William P. Dator

(b) Address McFall, Mo. R F D #1

17. (a) Burial (b) Date thereof II/7/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview, Gentry, Co.

18. (a) Signature of funeral director W. Schorner

(b) Address Pattonsburg, Mo.

19. (a) Nov. 8, 1940 (b) Nora Motherhead  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? No.  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Signature W. S. Campbell (M. D. or other) \_\_\_\_\_  
Address Albany Mo Date signed 11-7-40

Duration

about 1 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 25 1947

**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.....

*H. G. Gromer*

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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, fact should be so stated above.**