F. No.
-11-1[illegible]-39
5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6203

Registration District No. 54 | Primary Registration District No. 5086 | Registrar's No.

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

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: 8 mi SE of Appleton City
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 55 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Hudson Twp 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Arthur Green

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Polly Ann Lucien

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June (Month) 16 (Day) 1870 (Year)

8. AGE: Years 70 | Months 7 | Days 26 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Lucien Green
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Polly Smith
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Polly Ann Green
(b) Address Appleton City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Myers Cem

18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City Mo

19. (a) Feb. 14 1941 (Date received local registrar) (b) Mrs Pauline Bain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12
year 1941 hour 1 pm minute ___ M.

21. I hereby certify that I attended the deceased from No
No, 19__, to _____, 19__;
that I last saw h___ alive on No, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture

Due to Falling tree

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1

Of autopsy

Duration

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) Accident
(b) Date of occurrence 2-12-41
(c) Where did injury occur? Bates Timber (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm (Specify type of place)
While at work? Yes (e) Means of injury Tree

23. Signature A. Woolsridge (M. D. ~~or other~~) D
Address Coroner Bates Co

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-41-390
Date Filed 3-4-41

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 Me on the 12. day of Feb, 1941, Registered Apprentice No. working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City-M

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.