

S. No. 2
-11-10-39
5-17-39
-1 X2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8298

State File No. _____

Registrar's No. 41

MAR 19 1941 796
Registration District No. _____

Primary Registration District No. 3038

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall

(c) Name of hospital or institution: Fitzgibbons Hospital
(If outside city or town limits write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community Lifetime

3. (c) PRINT FULL NAME Mittie Phillips Green

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

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

6. (b) Name of husband or wife Frank Green 6. (c) Age of husband or wife if alive About 70 years

7. Birth date of deceased II 25 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>2</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Marshall 0 Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ephram Hawkins

13. Birthplace Saline co. 0 Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Laura Johnson

15. Birthplace Saline Co. 0 Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Brown

(b) Address 2321 Wabash. K.C. Mo.

17. (a) Marshall, Mo. (b) Date thereof 2/23/ 41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. H. Ferguson

(b) Address Marshall, Mo.

19. (a) 2-22-41 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1941 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from June 29 1940 to Feb 20 1941 that I last saw her alive on Feb 21 1941 and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial infarction following operation

Due to Carcinoma of Cecum

Due to _____

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

Major findings: Of operations Carcinoma of Cecum

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) _____

(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? _____

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

23. Signature John R. Lawrence (M. D. or other) _____
Address Marshall, Mo. Date signed Feb 21 41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-41

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *J. D. Ferguson*

Licensed Embalmer No. *2172*

P. O. Address *Marshall*

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.