

FILED APR 21 1941

Registration District No. 254

Primary Registration District No. 4154

Registrar's No. 5

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

1. PLACE OF DEATH: Daviess
 (a) County Daviess
 (b) City or town Pattonsburg
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 90 years years, months or days

3. (a) PRINT FULL NAME Princ Albert Green

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Elsie Green (Deed) 6. (c) Age of husband or wife if alive ✓ years
Oct 24/1848

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 92 Months 4 Days 16 If less than one day hr. min.

9. Birthplace England 4 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Henry Green

13. Birthplace England 4 (City, town, or county) (State or foreign country)

14. Maiden name Unknown (City, town, or county) (State or foreign country)

15. Birthplace England 4 (City, town, or county) (State or foreign country)

16. (a) Informant Wm Malby

(b) Address Pattonsburg, Mo

17. (a) Burial (b) Date thereof 3-12-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardwick

18. (a) Signature of funeral director S. Schomer

(b) Address Pattonsburg, Mo.

19. (a) Mar 10/41 (b) S. Schomer (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Daviess
 (c) City or town Pattonsburg, (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.? 0 90 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day March. year 1941 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from March 1st March 41 to March 8th 1941, that I last saw him alive on March 8th 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to _____

Due to _____

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

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? _____

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

23. Signature J. Frank Hedges (M. D. or other) U
 Address Pattonsburg Date signed 3/10/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *E. S. Brown*

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.