

FILED JUN 12 1941
547

Registration District No. _____

Primary Registration District No. **3079**

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 212 Magnolia
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Alonzo Green

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-07-5168

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

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased September 8, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 19 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Pattern Worker

11. Industry or business International Shoe Company

12. Name James Edgar Green

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

14. Maiden name Catherine Cook

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

16. (a) Informant Mrs. Charles Green

(b) Address 212 Magnolia

17. (a) Burial (b) Date thereof May 31, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Burial Park

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal

19. (a) 5/28/41 (b) J. C. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1941 hour 5 minute 25 P. M.

21. I hereby certify that I attended the deceased from May 25
1941 to May 27 1941
that I last saw him alive on May 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cosmagen occlusion infant
Due to Cosmagen Occlusion
Duration 3 days

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

Major findings:
Of operations _____
Of 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?
400 (Specify type of place) _____
While at work? (a) No (b) Yes (c) _____

23. Signature J. C. Fisher (M. D. or other) 0

Address Hannibal, Mo. Date signed _____

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

MOTHER FATHER

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 *James A. Moles*

Licensed Embalmer No. 3296

P. O. Address. Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.