

FILED AUG 15 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 3036

Registrar's No. 115

1. PLACE OF DEATH:

(a) County: St. Charles  
(b) City or town: St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 7 days (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME: CLARENCE DOUGLAS GREEN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 493-05-3833

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married  
6. (b) Name of husband or wife: Helen Green 6. (c) Age of husband or wife if alive: 33 years  
7. Birth date of deceased: August 27th 1905  
(Month) (Day) (Year)

8. AGE: Years: 35 Months: 9 Days: 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Lawton Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation: Office Manager

11. Industry or business: Shoe Mfg.

12. Name: Timothy Green

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

14. Maiden name: Matie Cook

15. Birthplace: Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Helen Green

(b) Address: St. Charles MO

17. (a) Burial (b) Date thereof: June 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Cemetery

18. (a) Signature of funeral director: W. J. ...

(b) Address: 326 N. 6th St - St Charles MO

19. (a) 6-19-41 (b) Clarence B. Heister  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Charles  
(c) City or town: St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 715 Taupier St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 18th  
year: 1941 hour: 4 minute: 45 A.M.

21. I hereby certify that I attended the deceased from Dec 5, 1940, to June 18, 1941;  
that I last saw him alive on June 18, 1941;  
and that death occurred on the day and hour stated above.

Immediate cause of death: Acute Heart Failure  
Duration: \_\_\_\_\_  
Due to: Chronic Myocarditis ?  
Due to: Coronary Disease ?  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death) 93  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_  
23. Signature: [Signature] (M. D. or other) \_\_\_\_\_  
Address: St. Charles, Mo Date signed: 6-19-41

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

W

**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 *Arthur C. Bruce*.....

Licensed Embalmer No. *8145*.....

P. O. Address *St Charles 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.**