No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27857

FILED SEP 10 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 849

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

11
1
7

1. PLACE OF DEATH:
(a) County Buchannon
(b) City or town Saint Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 Nursing Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. 579 Jackson (Specify whether years, months or days)
In this community about 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchannon 11
(c) City or town Saint Joseph 7 (If outside city or town limits, write "RURAL")
(d) Street No. 1517 S. 6 Street 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME George Green

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife unknown

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

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

8. AGE: Years 65 | Months not | Days know | If less than one day ..... hr. ..... min.
About 65

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER
12. Name Alex Green
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Friends J. J. Ramsey
(b) Address Saint Joseph Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/1941 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Ramsey & Son
(b) Address 1602 Messanie Street

19. (a) 8-28-1941 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature) M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8/27 day 1941
year 1941 hour 9 minute P.M. M.

21. I hereby certify that I attended the deceased from June 17, 1941, to August 25, 1941; that I last saw him alive on August 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene arteriosclerosis of left foot amputated right leg above knee arterial sclerotic

Due to Gangreen ulcers on back

Due to General arterial sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 98.2

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

23. Signature Charles H. Werner (M. D. or other) M.D.
Address 221 Kirkpatrick Bldg. Date Aug 28-1941
St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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