

FILLED SEP 3 1941
Registration District No. 283

Primary Registration District No. 5402

Registrar's No.

1. PLACE OF DEATH: *Dunklin*

(a) County *Dunklin*

(b) City or town *Hartsville Twp*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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: *035*

(a) State *Missouri* (b) County *Dunklin*

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. *Rural* (If rural, give location)

(e) If foreign born, how long in U. S. A.? *0* years.

3. (a) PRINT FULL NAME *Daisy M. Green*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* day *25* year *1941* hour *12* minute *30* M.

21. I hereby certify that I attended the deceased from *May* 19*41* to *May 25* 19*41*

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

7. (b) Name of husband or wife *John S. Green* 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: *July* (Month) *30* (Day) *1880* (Year)

that I last saw her alive on *5-24* 19*41* and that death occurred on the date and hour stated above.

Immediate cause of death *Coronary Thrombosis* Duration _____

8. AGE: Years *60* Months *10* Days *4* If less than one day _____ hr. _____ min.

Due to *Hypertension*

Due to _____

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

10. Usual occupation *Housewife*

Other conditions (Include pregnancy within 3 months of death) *gix*

11. Industry or business _____

MOTHER FATHER { 12. Name *W. J. Jones*

13. Birthplace *Illinois* (City, town, or county) _____ (State or foreign country)

14. Maiden name *Wendy J. Jones*

15. Birthplace *Illinois* (City, town, or county) _____ (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant *Mr. Ed Barnsback*

(b) Address *Hot Springs Ark*

17. (a) *Rural* (Burial, cremation, or removal) (b) Date thereof *5-26-41* (Month) (Day) (Year)

(c) Place: burial or cremation *Cadwell, Mo*

18. (a) Signature of funeral director *J. Penit*

(b) Address *Senath, Mo.*

19. (a) *8-28-41* (Date received local registrar) (b) *D. Newsom* (Registrar's signature)

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)

(b) Means of injury _____

23. Signature *John English* (M. D. or other) _____

Address *Cadwell, Mo* Date signed *5-26-41*

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

RECEIVED

District Health Office No. 2,

District File Number 941-1129

Date Filed 9/2/41

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 _____

H. P. Gooch

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

H. P. Gooch

Licensed Embalmer No. 4106

P. O. Address Smith 7710

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28216

Registration District No. 283

Primary Registration District No. 5402

Registrar's No.

1. PLACE OF DEATH: Dunklin

(a) County.....

(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:.....
(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..... (b) County.....

(c) City or town.....
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Daisy M Green

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 25, year 1941
hour 5 minutes 45

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

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

21. I hereby certify that I attended the deceased from..... 19.....; that I last saw him..... alive on..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

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

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

Due to.....

Due to.....

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

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant..... (b) Address.....

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

(c) Place: burial or cremation.....

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?.....

18. (a) Signature of funeral director M. Daniel Gural

(b) Address beneath home

(c) Signature M. G. Moore

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

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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



