DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 9 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32240

Registration District No. 668 Primary Registration District No. 3039 Registrar's No. 276

80
6
4

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

**1. PLACE OF DEATH:**

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1511 So. Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pettis 080
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1511 So. Prospect 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Eugenia Green
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jerome Green
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 7, 1864 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 77 | 4 | 27 | hr. min. |

9. Birthplace Columbia (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Thomas Lawrence
13. Birthplace (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Lucendia Phillips
15. Birthplace (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Jerome Green
(b) Address Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6, 41. (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.
19. (a) 9/7/41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 4
year 1941 hour 1 minute 35 a. M.
21. I hereby certify that I attended the deceased from Aug 20, 1941, to Sept. 4, 1941
that I last saw her alive on Sept. 3, 1941
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Hemorrhage | [illegible] |
| Due to Arteriosclerosis | [illegible] |
| Due to | |
| Other conditions Myocardium Gravis (Include pregnancy within 3 months of death) | [illegible] |

Major findings:
Of operations none
Of autopsy none made

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) No
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? none (e) Means of injury none
23. Signature [illegible] (M. D. or other)
Address Sedalia Mo Date signed Sept 4 1941

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-7-41

## 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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed L E Boulelin

Licensed Embalmer No. 3867

P. O. Address Leclair Mo

**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.**

S. No. 2B
-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32240

Registration District No. 668 Primary Registration District No. 3032 Registrar's No.

**1. PLACE OF DEATH:**

(a) County: Pettis

(b) City or town: Sedalia
(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 years, months or days)
In this community

**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: Eugenia Green

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: Jerome Green

6. (c) Age of husband or wife if alive: 81 years

7. Birth date of deceased: Apr. (Month) 7, (Day) 1864 (Year)

8. AGE: Years 77 Months 4 Days 10 If less than one day hr. min.

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)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 9-7-41 (Date received local registrar) (b) Mrs Harry Sneed (Registrar's signature)

11-12-41

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day
year 1941 hour minute M.

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

| Immediate cause of death | Duration |
|---|---|
| | |
| Due to | |
| 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

32240