

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5941
Registrar's No. 101

FILED MAR 11 1948

Registration District No. _____

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Mo.
(c) Name of hospital or institution Missouri Beth Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Eva E. Green

3. (b) If veteran, name was _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ERNEST 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct - 16 - 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name John A. Keessman

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

14. Maiden name Mary E. Wolf

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

16. (a) Informant John Green

(b) Address Osborn Mo.

17. (a) Removal (b) Date thereof Feb-19-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Mo.

18. (a) Signature of funeral director J. J. Green

(b) Address St. Joseph Mo.

19. (a) 2-17-48 (b) H. J. Nestlebury
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osborn
(c) City or town Osborn Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 13, 1942, to Feb. 16, 1942
that I last saw her alive on Feb. 16
and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial pneumonia
bilateral Duration 5 da.
Due to Nephritis acute ?
Suppression renal 24hr.
Due to Uremia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 H. J. Green (M. D. or other) _____

Address St. Joseph Mo. Date signed 2-17-48

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

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 with the above constitutes grounds for revocation of license.)

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