

FILED MAR 18 1942

Registration District No.

Primary Registration District No. 6020A

Registrar's No. 6

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Bonne Terre  
(c) Name of hospital or institution: 1  
(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)

3. (a) PRINT  
FULL NAME

ELIZABETH J. GREEN

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex Female, race white  
5. Color or white  
6. (a) Single, widowed, married, 2 divorced widowed  
(b) Name of husband or wife Albert A. Green  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased mar 15 1863  
(Month) (Day) (Year)

8. AGE: Years 178 Months 11 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation stamper maker

11. Industry or business

12. Name James Poole  
13. Birthplace Austinville, Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Bessie Dent  
15. Birthplace Appleby, Guy 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Singh

(b) Address Bonne Terre 1/1

17. (a) Burial (b) Date thereof 2/24/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre

18. (a) Signature of funeral director Frank Smith Co.

(b) Address St. Louis

19. (a) 2-27-42 (b) Byrdie S. Burkmaster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Bonne Terre  
(If outside city or town limits, write "RURAL")  
(d) Street No. 121 Park  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22  
year 1942 hour 4:45 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 22  
5th 1942 to Feb 22 1942  
that I last saw her alive on Feb 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Gall bladder  
Due to unknown

Due to \_\_\_\_\_  
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?

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature R. F. Evans (M. D. or other) \_\_\_\_\_  
Address Bonne Terre Mo. Date signed 2-28-42

Duration

3 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4  
District File Number 342-291  
Date Filed 3-10-42

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 Province  
Licensed Embalmer No. 3403  
P. O. Address Festus M.

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.