No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7715

Registration District No. 779 Primary Registration District No. 6024a Registrar's No. 38

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Desloge, Mo (Kan. Ch.)
(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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Desloge
(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.

3. (a) PRINT FULL NAME William Thomas Green
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Sara Jane Craig
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 28 (Day) 1864 (Year)

8. AGE: Years 77 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Bonne Terre, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business National Lead Co Miner
FATHER
12. Name Joseph Green
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Eliza Green
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant John Green
(b) Address Desloge Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois Cemetery
18. (a) Signature of funeral director C. Z. Boyer
(b) Address Desloge, Mo.
19. (a) Jan. 26 42 (Date received local registrar) (b) W. P. Duckworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
year 1942 hour 3.45 minute A. M.
21. I hereby certify that I attended the deceased from June 5-1940, 19, to Jan. 22, 1942
that I last saw him alive on Jan. 21, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Bronchopneumonia~~ Lobar	3 days
Due to Terminal condition following paralysis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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 R. B. Lester (M. D. or other) MD
Address Desloge Mo. Date signed 1-22-42

100 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 242-207
Date Filed 2-12-42

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 C. G. Boyer

Licensed Embalmer No. 1671

P. O. Address Desloge MO

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.