

S. No. 2  
M-1-4-41  
v. 5-17-39  
X26390

12220

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 2 1942  
Registration District No. 839

Primary Registration District No. 4509

Registrar's No. 14

183  
3  
1  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Stoddard  
(b) City or town Dexter  
(c) Name of hospital or institution: 1  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Stoddard  
(c) City or town Dexter  
(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 Hutson Shepherd Green  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 16  
year 1942 hour 4 minute X P. M.

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Candace Green  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from 3/2 1942 to 3/16 1942  
that I last saw him alive on 3/16 1942  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Thrombosis Duration \_\_\_\_\_

7. Birth date of deceased March 9, 1870  
(Month) (Day) (Year)  
8. AGE: Years 72 Months X Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Chronic Arteriosclerosis and Paralysis Left Side a year ago  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Lexington N. Carolina  
(City, town, or county) (State or foreign country)  
10. Usual occupation Attorney

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy no

11. Industry or business \_\_\_\_\_  
12. Name Robert Smith Green  
13. Birthplace No Record  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Jane Estes  
15. Birthplace No Record  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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? \_\_\_\_\_

16. (a) Informant Mrs. H. S. Green  
(b) Address Dexter, Mo.  
17. (a) Burial (b) Date thereof 3-18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dexter Cemetery Blankenship-Strickland  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Dexter, Mo.  
19. (a) 3-26-42 (b) W. J. Smith  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature J. J. Hows (M. D. or other) \_\_\_\_\_  
Address Dexter, Mo. Date signed 3/16/42

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

1134

APR 2 1942

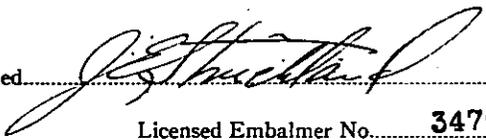
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

J. E. Strickland

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

working under my personal supervision.

Signed .....

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.