V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

Registration District No. 398

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3019

State File No. 14530

Registrar's No. 94

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. (Specify whether years, months or days)
In this community 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 405 S. Spring
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Augusta A. Green
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Fe. 1
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Willard E. Green
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Aug. (Month) 12 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
75	8	21	hr. min.

9. Birthplace Elk Heart co. (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Leni Ott
13. Birthplace Penn. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margaret Nickleroy
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant W. E. Green
(b) Address 405 S. Spring
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/6/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cem.
18. (a) Signature of funeral director Cato & Speaks
(b) Address 300 S Grand
19. (a) April 6-1942 (Date received local registrar) (b) James Rose (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day April year 1942 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from April Mar 4, 1942, to 3, 1942 that I last saw h. er alive April 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the skull
Fractured ribs
Due to Fall from side of bed
Due to Influenza

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) accident
(b) Date of occurrence Mar 4, 1942 1 P.M.
(c) Where did injury occur? Lindsay (City or town) Ga (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? yes (e) Means of injury Fract
23. Signature J. E. Green (M. D. or other)
Address Date signed Apr 6 42

(Licensed Embalmer's Statement on Reverse Side)

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 me

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

working under my personal supervision.

Signed Roland L. Peeks

Licensed Embalmer No. 3604

P. O. Address Independence, 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.