

Registration District No. 765

Primary Registration District No. 4460

Registrar's No. 10

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Osceola
(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 7 Months
In this community 7 Months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair
(c) City or town Osceola
(d) Street No.
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Cathrine B. Green

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife W. Curtis Green 6. (c) Age of husband or wife if alive 1-22-1877 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 3 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Adam

12. Name John A. Bell

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

14. Maiden name Unknown Barbara Horning

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

16. (a) Informant W. Curtis Green

(b) Address Osceola Mo.

17. (a) Removal (b) Date thereof 5-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City

18. (a) Signature of funeral director Osceola Mo.

19. (a) 253-42 (b) Dorothy Georger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1942 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from 10-1, 1941, to 5-2, 1942
that I last saw her alive on 5-2, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum metastatic to intestinal glands, liver & lungs. Duration 2 years

Due to glands, liver & lungs.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 46d
Of operations
Of autopsy

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? (c) Means of injury
23. Signature T.H. Dangler, M.D. (M. D. or other) M.D.
Address Osceola, Mo. Date signed 5-2-42

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

MOTHER FATHER

1102

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 5-42-447

Date Filed 5-6-42

AUG 13 1957

AUG 12 1957

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

Charles S. Hathaway

Licensed Embalmer No.

4267

P. O. Address

Osceola, MD

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.