

FILED JUL 10 1942

Registration District No. 684

Primary Registration District No. 3914

Registrar's No. 37

82  
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0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County PIKE  
(b) City or town GAZETTE Indianan 9117  
(If outside city or town limits, write "RURAL" and name of township)  
(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.....  
In this community 3 1/2 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE  
(c) City or town GAZETTE  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME J. T. GREEN

3. (b) If veteran, name war..... 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED  
6. (b) Name of husband or wife JESSIE GREEN 6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased MARCH 30 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>2</u>	<u>13</u>	.....hr. ....min.

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

10. Usual occupation FARMER

11. Industry or business.....

MOTHER FATHER

12. Name S. B. GREEN

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

14. Maiden name FANNIE IVES

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

16. (a) Informant ESTELLA FRAZIER

(b) Address VAN BUREN, MISSOURI

17. (a) BURIAL (b) Date thereof JUNE 14 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MIDDLE TOWN

18. (a) Signature of funeral director W. S. Waters

(b) Address Vandalia, Missouri

19. (a) June 30-42 (b) Mrs Frank Gordon  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13<sup>th</sup>  
year 42 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from May 10<sup>th</sup> 1930 to June 13<sup>th</sup> 1942  
that I last saw him alive on June 30 and that death occurred on the date and hour stated above.

Immediate cause of death Progressive muscular atrophy of spinal type  
Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 8211

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).....
- (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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature A. J. Jirsch (M. D. or other) 1  
Address Madison, Mo Date signed June 42

JUL 13 1942

RECEIVED

District Health Officer No. 10

District File Number 7-42-1362

Date Filed JUL - 8 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed W S Waters

Licensed Embalmer No. 4298

P. O. Address Waldalia, 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.