

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

Registration District No. 224

Primary Registration District No. 5798

Registrar's No. 31

1. PLACE OF DEATH: Normal

(a) County: Shelburne rural (If outside city or town limits, write "RURAL" and name of township)

(b) City or town: Normal

(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: 4 mos. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 69

(c) City or town: rural (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) DECEASED'S FULL NAME: Donald Francis Green

3. (b) If veteran, name war:

3. (c) Social Security No.:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1942 hour 5:00 minute 00 M.

21. I hereby certify that I attended the deceased from

4. Sex: male

5. Color or Race: white

(a) Single, widowed, married, divorced: 0

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive:

7. Birth date of deceased: 3-2-42 (Month) (Day) (Year)

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death: Unknown Duration ✓

8. AGE: Years Months Days If less than one day

4 15

Due to

Due to

9. Birthplace: Normal Co. Mo. (City, town, or county) 0 (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation:

11. Industry or business:

12. Name: Donald Francis Green

13. Birthplace: Shelburne, Mo. (City, town, or county) 0 (State or foreign country)

14. Maiden name: Shelburne, Mo.

15. Birthplace: Shelburne, Mo. (City, town, or county) 0 (State or foreign country)

Major findings: Of operations:

Of autopsy:

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: Shelburne, Mo.

(b) Address: Shelburne, Mo.

17. (a) (Burial, cremation, or disposition): Shelburne, Mo.

(b) Date there: 7-18-42 (Month) (Day) (Year)

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?

(c) Place: burial or cremation: Shelburne, Mo.

18. (a) Signature of funeral director: Shelburne, Mo.

(b) Address: Shelburne, Mo.

19. (a) 8/5/42 (Date received local registrar)

(b) Otis Hedberg (Registrar's signature)

While at work? (Specify type of place)

(c) Means of injury: 2

23. Signature: Madison, Mo.

Address: Madison, Mo. Date signed: 8/17/42

BACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

1E
8176
400

RECEIVED

District Health Officer No. 10

District File Number 8-42-1520

Date Filed AUG 17 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

Nancy A. Bartelme

Licensed Embalmer No. 3835

P. O. Address Shelburne, Vt.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B
21-41
29288

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24808

Registration District No. 226

Primary Registration District No. 5798

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Parap
(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 _____ years, months or days)

3. (a) PRINT FULL NAME Ronald Francis Green

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased mar 2 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 10 (If less than one day, in min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July Day 19 Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

Due to I am sorry that I cannot give you the information you request.
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 200a
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? _____ (a) Means of injury _____
23. Signature R. R. Burner
Address Madison MO Date signed 8/31/42

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

SUPPLEMENTAL

