

FILED SEP 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 158

Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
407 W. Lee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 407 W. Lee
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME George Thomas Green

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Beulah Green 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 13th 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 16 hr. min.

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

10. Usual occupation Proprietor

11. Industry or business Moberly Bottling Works

12. Name George T. Green

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

14. Maiden name Bell Bogie

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

16. (a) Informant Mrs. Beulah Green

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Sept. 1st 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Mo

18. (a) Signature of funeral director Malvan and Son
(b) Address Moberly, Mo

19. (a) Aug. 27-42 (b) Irma Rave
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29th year 1942 hour _____ minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 18, 1942 to Aug 29, 1942 that I last saw him alive on Aug 29 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) g30

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature H. G. Griffith (M. D. or other) _____
Address Moberly, Mo Date signed 8/31/42

Duration: 11da

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1036

RECEIVED

District Health Officer No. 10

District File Number 9-42-1751

Date Filed SEP 14 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 Frank B De Witt

Licensed Embalmer No. 3021

P. O. Address Moberly

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.