

FILED OCT 13 1942

Registration District No.

Primary Registration District No. 1000

Registrar's No.

11
17

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3001 No 7th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 68 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Madilda Green

(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 George W. 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Aug 20 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Newton Casey

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

14. Maiden name Unknown

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

16. (a) Informant Geo W Green

(b) Address 3001 No 7th

17. (a) Burial (b) Date thereof Sept 25 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Fleming & son

(b) Address 1946 Colham

19. (a) 9-25-42 (b) Roe Herzog
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 3001 No 7th
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1942 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from August 27 1942 to Sept 24 1942 that I last saw her alive on Sept 24 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Myocardial Degeneration
Due to General arteriosclerosis

Due to Diabetes mellitus

Other conditions: 61
(Include pregnancy within 3 months of death)

Major findings: 61
Of operations

Of autopsy

Duration 1942

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? 61
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 61 (Specify type of place) (e) Means of injury

23. Charles H. Warner (M. D. or other) 9267942
Address: 321 Harkystrich Bldg

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..... *Robert L. Gaph*

Licensed Embalmer No. *3308*

P. O. Address..... *St. Joseph, 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.