

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 149

FILED OCT 1942

Registration District No. 107

Primary Registration District No. 5432

35
0
0

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett - Rural - Ind.
(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 3 mo (Specify whether years, months or days)
In this community 3 mo years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Kennett - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

James Dale Green -

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

4. Sex MO 5. Color or race white 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased Dec - 25 - 1941
(Month) (Day) (Year)

8. AGE: Years 0 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Oakland City, Ind - 1
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Jack Green
13. Birthplace Love City, Ark - 1
(City, town, or county) (State or foreign country)

14. Maiden name Verne M. Day
15. Birthplace Big Flat, Ark - 1
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Green
(b) Address R-2 - Kennett, Mo

17. (a) Burial (b) Date thereof Sept. 26 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Flat, Ark
18. (a) Signature of funeral director Paul Selmon
(b) Address Kennett, Mo

19. 9-25-42 (a) (Date received local registrar) (b) Julia Selmon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 year 1942 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept. 17 1942 to Sept. 24 1942
that I last saw him alive on Sept. 24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Calities
Duration 10 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1190
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. 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) (b) Means of injury C

23. Signature James Cloper (M. D. or other) Address Kennett, Mo Date signed 9-25-42

701

RECEIVED

District Health Office No. 2,

District File Number 1042-1239

Date filed 10-5-42

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.

Body not embalmed

Signed.....

Licensed Embalmer No. 2656

P. O. Address Kennett

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.