

FILED OCT 9 1942

Registration District No. 171

Primary Registration District No. 5638

Registrar's No. 55

54
80

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

I. PLACE OF DEATH:

(a) County. Lafayette
(b) City or town. Osessa Mo. (Rural)
(c) Name of hospital or institution: 3
(d) Length of stay: In hospital or institution. _____
In this community. _____

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. St. Louis
(c) City or town. St. Louis
(d) Street No. 8518 N Broadway
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1942 hour about 4:00 P.M.
21. I hereby certify that I attended the deceased from called in
as coroner
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above

8. (a) PRINT FULL NAME. Tivis Edred Green
3. (b) If veteran, name war. None
8. (c) Social Security No. 492-07-1101

4. Sex. M O 5. Color or race. W
6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Hazel Green
6. (c) Age of husband or wife if alive. 22 years

7. Birth date of deceased. Oct 16 - 1918 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 11 13 hr. min.

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

10. Usual occupation. Truck driver

11. Industry or business. Highway Freight Trucking Business

12. Name. Amon Green

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

14. Maiden name. Lillie Fulton

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

16. (a) Informant. Hazel Green

(b) Address. 2132a Adelaide Ave, City

17. (a) Removal (b) Date thereof. 9/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mayfield, Missouri

18. (a) Signature of funeral director. Bliven Lane

(b) Address. Osessa Mo.

19. (a) Sept 29 42 (b) Mrs. W.F. Baker (Date received local registrar) (Registrar's signature)

Immediate cause of death. Shock and hemorrhage of the brain
due to chest

Due to _____

Due to _____

Other conditions. All blood in plural as

(Include pregnancy within 3 months of death)

Major findings. no operator

Of operations. _____

Of autopsy. no autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify). Truck wreck

(b) Date of occurrence. 9/29/42 1:57 P.M.

(c) Where did injury occur? Osessa Lafayette Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On national highway No 40, 1/2 mile west of Osessa Mo.

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

23. Signature. M. Martin M.D. (M. D. or other)

Address. Osessa Mo 2 Date signed. 9/29/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

OCT 27 1942

This is

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 10-8-42

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.

Signed Ben C. Blinco

Licensed Embalmer No. 1836

P. O. Address Oddsda 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, above space should be left blank.