

S. No. 2  
M-5-42  
7-5-17-39  
I, X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40496

State File No. ....

FILED JAN 11 1947  
Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 193

1. PLACE OF DEATH  
 (a) County Clay  
 (b) City or town Excelsior Springs, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 mos. 6 days  
(Specify whether  
 In this community 7 mos. 6 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Illinois (b) County ?  
 (c) City or town Jacksonville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 333 Broadway  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 91

3. (a) PRINT FULL NAME John Green  
 (b) If veteran, name war World War I  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month December day 15  
 year 1942 hour 3:53 minute A. M.

4. Sex Male 5. Color or race Colored  
 6. (a) Single, widowed, married, divorced / Married  
 (b) Name of husband or wife Deniful Green  
 (c) Age of husband or wife if alive ? years  
 7. Birth date of deceased October 12, 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 9, 1942, to December 15, 1942;  
 that I last saw him alive on December 15, 1942;  
 and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 2 Days 3  
 If less than one day hr. min.

Immediate cause of death Tuberculosis, pulmonary, chronic, far advanced, with multiple cavi-  
 Due to tations  
 Duration unknown

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

Due to 1381  
 Other conditions As shown above  
(Include pregnancy within 3 months of death)

10. Usual occupation None

Major findings:  
 Of operations As shown above  
 Of autopsy As shown above  
 PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business None  
 12. Name George Green  
 13. Birthplace Alabama  
(City, town, or county) (State or foreign country)  
 14. Maiden name Addie Washington  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.  
 (b) Address Removal  
 (c) Place: burial or cremation Jacksonville, Illinois  
 18. (a) Signature of funeral director Claude Prichard  
 (b) Address Excelsior Springs, Missouri  
 19. (a) 12-15-42 (Date received local registrar)  
 (b) Miss Lake Redman (Registrar's signature)

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) ---  
 (e) Means of injury ---  
 23. Signature Forrest G. Bell (M. D. or other) ---  
 Address Veterans Administration Date signed 12-15-42

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

RECEIVED

District Health Officer No. 8,

District File Number

Filed

1-8-43

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 Ray*

Licensed Embalmer No.

4182

P. O. Address:

Excelsior Spgs., 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.