

FILED JAN - 6 1942

Registration District No. **226**

Primary Registration District No. **5802**

69
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Monroe**
(b) City or town **Rural Woodlawn**
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Ten years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monroe**
(c) City or town **Duncison Bridge**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **RAYMOND D. GREEN**

(b) If veteran, name war **None** (c) Social Security No. **unknown**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **1 divorced, married**

6. (b) Name of husband or wife **Lola L. Green** 6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **January 29 1904**
(Month) (Day) (Year)

8. AGE: Years **38** Months **9** Days **30** If less than one day hr. min.

9. Birthplace **Gasper County Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **fr**

MOTHER FATHER { 12. Name **John J. Green**

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

14. Maiden name **Mary M. Hall**

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

16. (a) Informant **Mrs. Raymond Green**

(b) Address **Duncison Bridge MO.**

17. (a) **Woodville** (b) Date thereof **Nov. 29-42**
(City or town) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodville Contry**

18. (a) Signature of funeral director **Snow Funeral Home**

(b) Address **Maheery Mo.**

19. (a) **11/30/42** (b) **Olis Hedberg**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Nov.** day **28** year **1942** hour **2** minute **00 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Urgina Peritonis** Duration **2 hrs**

Due to _____

Due to **948**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 _____

(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) (2) Means of injury **fr**

23. Signature **McKurner Corcoran**

Address **Madison MO** Date signed **11-29-42**

1126

RECEIVED

District Health Officer No. 10

District File Number 1-43-4147

Date Filed Jan 5 - 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

P. M. Carter

Licensed Embalmer No.

4117

P. O. Address

Moberly 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.