FILED FEB 9 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1992
Do not use this space.

1. PLACE OF DEATH
(a) County Clinton Registration District No. 75
(b) Township Primary Registration District No. 3015 Registered No. 54
(c) City Cameron (d) Street No. 108 Center St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Novella Jean Green (Infant)
(a) Residence, No. 108 Center St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20, 1943
7. AGE: YEARS | MONTHS | DAYS 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron Missouri U.S.

FATHER
13. NAME Harold Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron Missouri U.S.

MOTHER
15. MAIDEN NAME Helen Pauline Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron, Missouri U.S.

17. INFORMANT (ADDRESS) Harold Green Cameron

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridder Mo. DATE 1-31- 1943

19. FUNERAL DIRECTOR (NAME) Roland Funeral Home (ADDRESS) Cameron Mo

20. FILED Jan. 30 1943. Mrs. Kathleen Harris Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1943, to Jan 29, 1943
I last saw her alive on Jan 27, 1943. Death is said to have occurred on the date stated above, at 9:00 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Neo Natal Petechial Hemmorhage & Vaginal and navel Hemmorhage	1/22/43

Other contributory causes of importance:
Congenital Blood Dyscrasia

Name of operation ISTM Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. S. Compton M.D., M.D.
(Address) Cameron Mo 1/30/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-1-1 X14028

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 Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address Cameron 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.