

FILED MAR 7 1943

Registration District No. 104

Primary Registration District No. 5418

Registrar's No. 8

## 1. PLACE OF DEATH:

- (a) County Dunklin  
 (b) City or town Rural Cotton Hill Twp  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4 miles North Malden  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution NO.  
(Specify whether years, months or days)  
 In this community 35 years.

3. (a) PRINT FULL NAME Mary Florence Green3. (b) If veteran, name war NO. 3. (c) Social Security No. NONE.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Charles Emmett Green 6. (c) Age of husband or wife if alive deceased years  
 7. Birth date of deceased June 12 1863  
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 27 If less than one day hr. min.9. Birthplace Mt. Vernon Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Retired House Wife11. Industry or business alone12. Name Charlie Harlow13. Birthplace Mt. Vernon Illinois  
(City, town, or county) (State or foreign country)14. Maiden name Nancy Pinkney15. Birthplace Mt. Vernon Illinois  
(City, town, or county) (State or foreign country)16. (a) Informant Tom Green(b) Address Malden, MO.17. (a) Burial (b) Date thereof 2-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Stevens Chapel Malden18. (a) Signature of funeral director Way Funeral Home(b) Address Malden, MO.19. (a) 2-10-43 (b) Ed Elder  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Dunklin  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4 Miles North Malden  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. 0 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th  
year 1943 hour 03 minute 10 P. M.21. I hereby certify that I attended the deceased from  
October 19 1942 to Feb 8 1943that I last saw her alive on Nov 19 42  
and that death occurred on the date and hour stated above.Immediate cause of death Food and Vitamin  
unsufficiency Duration 4 monthsDue to insanity 30 or 40

Due to \_\_\_\_\_

Other conditions  
(Exclude pregnancy within 3 months of death) 842Major 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)  
(e) Means of injury \_\_\_\_\_23. Signature Thomas Beall M.D. (M. D. or other)Address \_\_\_\_\_ Date signed 2/10/43

MAR 4 1943

RECEIVED

District Health Office No. 2,

District File Number 343-290

Date Filed 3-8-43

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

*J. W. Schinner*

Licensed Embalmer No. 4086

P. O. Address Malden, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.