

FILED MAR 11 1943 57
Registration District No. _____

Primary Registration District No. 5881

1. PLACE OF DEATH:
(a) County. Osage
(b) City or town. Rural, Jefferson Twp.
(c) Name of hospital or institution:
At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 68 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State. Mo (b) County. Osage
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME. Thomas J. Green
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 8th
year 1943 hour 4 minute 30 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife. Elizabeth Weeks Green 6. (c) Age of husband or wife if alive, dead years
7. Birth date of deceased. March 15th, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/30/43 to Date of death
that I last saw him alive on 1/30/43 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 10 15 hr. min.

Immediate cause of death. Chronic Hepatitis 3 yrs.
Due to Chronic Myocardial Degeneration

9. Birthplace. Osage Co No. 0
(City, town, or county) (State or foreign country)
10. Usual occupation. Farmer

Other conditions. (Include pregnancy within 3 months of death)
Major findings: 1318
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Harrison Green
13. Birthplace. Virginia
(City, town, or county) (State or foreign country)
14. Maiden name. Katherine Hanks
15. Birthplace. Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant. John A Green
(b) Address. Belle Mo R.F.D.
17. (a) Burial (b) Date thereof. 2-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Buck Elk
18. (a) Signature of funeral director. Clyde Martin
(b) Address. Linn Mo
19. (a) 2/9/43 (b) 2 a Submear
(Date received local registrar) (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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature. R. H. Schow (If for other) _____
Address. Belle, Mo Date signed. 2/11/43

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

7600

7600

1286

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

Vernon Morton

Licensed Embalmer No.

4125

P. O. Address

Lin

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.