

3. No. 2  
 4-542  
 5-17-39  
 X32873

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

13715

State File No. ....

Registrar's No. ....

FILED MAY 13 1943

Registration District No. ....

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Hartsock General Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
 In this community 43 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte  
 (c) City or town Dearborn Missouri  
 (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 NELLIE Mercedes Green

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Green 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July 11 1899  
 (Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 18 If less than one day hr. .... min.

9. Birthplace Buchanan Co. Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business None

MOTHER FATHER

12. Name Jerome Middleton

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

14. Maiden name Julia Guyer

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

16. (a) Informant George Green  
 (b) Address Dearborn, Missouri

17. (a) Burial (b) Date thereof May 4-1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dearborn A.O. Cemetery

18. (a) Signature of funeral director William Davis  
 (b) Address Dearborn Missouri

19. (a) 5-4-43 (b) Per Hergoy  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2  
 year 1943 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from 4-26 1943 to 5-2- 1943  
 that I last saw her alive on 5-2- 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Surgical Shock following Major Operation Hysterectomy.  
 Due to Major Operation Hysterectomy.  
 Due to 1952  
 Other conditions (Include pregnancy within 3 months of death) 1949

Duration

PHYSICIAN

Major findings: Fibroid degeneration of uterus.  
 Of operations Fibroid degeneration of uterus.  
 Of autopsy

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) 131  
 (b) Date of occurrence  
 (c) Where did injury occur?  
 (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 C. L. Ferguson (M. D. or other) 10  
 Address 80 1/2 Franklin St. Date signed 5-2-43

1233 (Licensed Embalmer's Statement on Reverse Side)

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

**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 *Richard Davis*

Licensed Embalmer No. *4160*

P. O. Address *Deaton 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.**