

7. S. No. 2
OM-5-42
Rev. 5-17-42
FPI X-10

18431

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 14 1943 17

Registration District No.

Primary Registration District No. 3045

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston

(c) Name of hospital or institution: 301 Heggie St.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 42 years

In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Charleston

(d) Street No. 301 Heggie St.

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Jennie C. Green

3. (b) If veteran, name war. -----

3. (c) Social Security No. -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13

year 1943 hour 6 minute 30 A. M.

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rev. Chas. H. Green

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November 11, 1868

21. I hereby certify that I attended the deceased from Oct. 12 - 1942 to 5-10-1943

that I last saw her alive on 5-10-1943

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>6</u>	<u>2</u>	hr. min.

Immediate cause of death Hypertensive Heart Disease 10 min

Due to Arteriosclerosis 14 min

9. Birthplace St. Marys, Missouri

Due to

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: 93d

11. Industry or business

12. Name Chas. Wilson

13. Birthplace Artesano Valley

14. Maiden name Mrs. Beatrice White

15. Birthplace St. Marys, Missouri

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

16. (a) Informant Chas. Wilson

(b) Address Charleston, Mo.

17. (a) Burial Oak Grove Cemetery

(b) Date thereof May 17, 1943

(c) Place: burial or cremation Oak Grove Cemetery

(a) Accident, suicide, or homicide (specify)

(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?

18. (a) Signature of funeral director F. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 6/1/43 (b) Mrs. Lon Mason

While at work?

23. Signature M. D. Orndorff

Address 2045 Locust St. Charleston, Mo.

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

MOTHER FATHER

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

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 643-798

Date Filed 6-8-43

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 Frank Sparks.....

Licensed Embalmer No.....

P. O. Address.....

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.