

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21948

State File No.

Registrar's No. 122

FILED JUN 22 1943
Registration District No. 209

Primary Registration District No. 3043

64
49

Barney

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Levering Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 1201 Valley
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carol Annetta Green

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 25, 1943
(Month) (Day) (Year)

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

9. Birthplace Fullerton California
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Edwin Eugene Green

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

14. Maiden name Mary Jean Turley

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

16. (a) Informant Edwin Eugene Green

(b) Address U.S. Navy

17. (a) Burial (b) Date thereof 4/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet Cemetery

18. (a) Signature of funeral director R. W. Connor

(b) Address Hannibal Missouri

19. (a) 5-3-43 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1943 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from Apr 17-43
to Apr 28, 1943
that I last saw her alive on Apr 28, 1943
and that death occurred on the day and hour stated above.

Immediate cause of death Exhaustion from
pernicious anemia by mother
who was very anemic Duration _____

Due to _____

Due to Intestinal Infection

Other conditions (Includes only agency within 3 months of death)

Mother very anemic

Major 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 R. W. Connor (M. D. or other) _____

Address Hannibal Mo Date signed 5-1-43

1146

(Licensed Embalmer's Statement on Reverse Side)

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.....

George T. Bond.....

Registered Apprentice No. 350.....

working under my personal supervision.

Signed.....

Wm M Smith

Licensed Embalmer No. 1204.....

P. O. Address..... Hannibal Missouri.....

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.