

ED JUL 30 1943
Registration District No. 43

Primary Registration District No. 3007

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

1. PLACE OF DEATH:
(a) County BUTLAR
(b) City or town POPULAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
POPULAR BLUFF Hosp.
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 111
(a) State MO (b) County WAYNE
(c) City or town WILLIAMSVILLE MO
(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 _____

3. (a) PRINT FULL NAME MOLLIE GREEN
(b) If veteran, _____ name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13
year 1943 hour 11:30 minute _____ P. M.

4. Sex FEMALE 5. Color or race WHITE
6. (b) Name of husband or wife JAMES W. GREEN
7. Birth date of deceased OCT 9 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-4-1943 to 7-13-1943
that I last saw her alive on 7-13-1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 9 4 hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis & hypertension
Due to _____

9. Birthplace DAHLGREEN ILL.
(City, town, or county) (State or foreign country)

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

10. Usual occupation HOUSE WORK

11. Industry or business HOME

12. Name HERSHEL SHARP

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

14. Maiden name SARAH JONES

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

16. (a) Informant NOMA JONES
(b) Address WILLIAMSVILLE MO

17. (a) BURIAL (b) Date thereof July 16 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WILLIAMSVILLE
18. (a) Signature of funeral director Norman W. Groh
(b) Address Quidmont Mo

19. (a) 7-25-43 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

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 Thos Hancher (M. D. or other) _____
Address Poplar Bluff Mo Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 748-974

Date Filed 7-23-43

AUG 5 1943

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Walter W. Gish

Licensed Embalmer No. 3387

P. O. Address Spidmont 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.