

S. No. 2
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y. 5-17-53
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34594

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 105

Primary Registration District No. 5419

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Dunklin

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Clarkton "Rural"
(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 IRA GREEN

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1943 hour _____ minute 12:15 A.M.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Mary J Greene

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 25 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 5th 1939 to Sept 10th 1943 that I last saw him alive on Oct 10th 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 4 Days 15 If less than one day _____ hr. _____ min.

Immediate cause of death mitral Stenosis

Duration 5
20 yrs.

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

Due to _____

Due to _____

10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death) 92 f

11. Industry or business _____

12. Name Daniel Green

Major findings: Of operations _____

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

Of autopsy _____

14. Maiden name Etta Law

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Marquette George

(b) Address Clarkton, Mo.

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

17. (a) Burial (b) Date thereof 10-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield

(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? _____

18. (a) Signature of funeral director Samuel Turner Home

(b) Address Campbell, Mo

While at work? _____ (Specify type of place)

(c) Means of injury _____

19. (a) Sept. 14, 1943 (b) La Vonne Dunn
(Date received local registrar) (Registrar's signature)

23. Signature J. B. Stinson (M. D. or other) MD

Address Clarkton Mo. Date signed 9/14/43

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1043-1261

Date Filed 10-11-43

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.