

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Chillicothe - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Chillicothe Rural #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Frances Green

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow  
6. (b) Name of husband or wife William W. Green 6. (c) Age of husband or wife if alive 13 years (Month) (Day) (Year) 1857

8. AGE: Years 86 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Meadville (City, town, or county) Mo. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Det. Batts  
Place Tenn (City, town, or county) (State or foreign country)  
name Elizabeth Hicks

15. Birthplace Meadville (City, town, or county) Mo. 1 (State or foreign country)

16. (a) Informant James T. Sallee  
(b) Address Chillicothe Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-28-43 (Month) (Day) (Year)  
(c) Place: burial or cremation Meadville, Tenn

18. (a) Signature of funeral director James T. Sallee  
(b) Address Chillicothe, Mo.

19. (a) Nov 26 (Date received local registrar) (b) Geo E. L. Cox (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Meadville (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 ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24 year 1943 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Nov. 22 1943, to Nov. 27 1943, that I last saw him alive on Nov. 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

Due to .....  
Due to .....

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations .....  
Of autopsy .....

Duration

7 days

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 Geo E. L. Cox (M. D. or other) MD  
Address Chillicothe Mo Date signed Nov 25 43

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

MOTHER'S BIRTH

33629

1870

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**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 James D. Gordon  
Licensed Embalmer No. 1870  
P. O. Address Lehillicolthe

**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.**