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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 326 Primary Registration District No. 4482

State File No. Keathley 89297

Registrar's No. 48

1. PLACE OF DEATH:
(a) County Scotland
(b) City or town Memphis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scotland 99
(c) City or town Memphis 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Henry Green
3. (b) If veteran, name war ✓ (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Anna May Green
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Dec (Month) 21 (Day) 1870 (Year)

8. AGE: Years 72 Months 10 Days 21 If less than one day hr. min.

9. Birthplace Scotland Co. Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name W. W. Green
13. Birthplace Ill 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Long
15. Birthplace Ill 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Retha Small
(b) Address Nutledge Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14 - 43 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery
18. (a) Signature of funeral director Gert H Barkett
(b) Address Memphis Mo
19. (a) Nov 26, 1943 (Date received local registrar) (b) Bernice Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1943 hour 3 minute P.M.
21. I hereby certify that I attended the deceased from Oct - 13 - 1943, to Nov - 13 - 1943
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature A. M. Keathley (M. D. or other)
Address Memphis, Mo 2 Date signed 11-14-43

1093 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-43-119
Date Filed DEC 13 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Fred Gerth

Licensed Embalmer No. H 22576

P. O. Address Memphis M

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.