

Filed JAN 10 1944
Registration District No. _____

Primary Registration District No. 4386

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

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Thayer
(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)
In this community 35 years years, months or days

3. (a) PRINT FULL NAME Archie Dunsmore Green
3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 4 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>6</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Invalid

11. Industry or business _____

MOTHER FATHER { 12. Name C. C. Green

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

14. Maiden name Martha Dunsmore

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

16. (a) Informant C. C. Green

(b) Address Thayer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/43
(Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director Res Carr
(b) Address Thayer, Mo.

19. (a) 12-12-43 (Data received local registrar) (b) Joe O. Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon
(c) City or town Thayer (Rural)
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1943 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of the heart
Due to myxedema

Due to _____
Other conditions (Include pregnancy within 3 months of death) gset

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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 H. B. Hull (M. D. or other) _____
Address Manhattan, Mo. Date signed 11/22/43

RECEIVED

District Health Officer No. 5,

District File Number 1444-1

Date Filed 1-7-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.