

State File No. \_\_\_\_\_

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 47

**1. PLACE OF DEATH:**

(a) County Callaway  
 (b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Callaway County Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Nine days  
(Specify whether  
 In this community Since June 1943  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Okla (b) County Custer  
 (c) City or town Weatherford  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5 Mi North of Weatherford  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME**

ANNIE C GREEN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Elmer Green 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 14 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housework

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Napoleon Foy  
 13. Birthplace D. K.  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Boyer  
 15. Birthplace D. K.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mar Alice Foster  
 (b) Address New Bloomfield Mo

17. (a) We removed (b) Date thereof 2/4/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Weatherford, Okla

18. (a) Signature of funeral director Leo H Wallace  
 (b) Address Fulton Missouri

19. (a) 2-4-1944 (b) Joac M... ..  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 3<sup>d</sup>  
 year 1944 hour 9 minute 32 P. M.

21. I hereby certify that I attended the deceased from 1/25/44 to 2/3/44  
 that I last saw her alive on 2/3/44  
 and that death occurred on the date and hour stated above.

Immediate cause of death chr. nephritis Duration months

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions Distant metastasis months  
(Include pregnancy within 3 months of death)

Major findings: Of operations none 6/1  
 Of autopsy none 6/1  
**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) (2) Means of injury.

23. Signature Henry Dent (M. D. or other) M.D.  
 Address Fulton Mo. Date signed 2/4/44

RECEIVED  
District Health Officer No. 9,  
District File Number.....  
Date Filed 3-14-44

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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 Leo G. Wallace

Licensed Embalmer No. 3373

P. O. Address Fulton mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.