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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 120

Primary Registration District No. 5444

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Henry

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

(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 Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town 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 Phoebe Eliza Green

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1944 hour _____ minute 0 P. M.

21. I hereby certify that I attended the deceased from 3-17-44
3-19-44 1944 to 3-19-44 1944
that I last saw her alive on 3-19-44 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 31 1870
(Month) (Day) (Year)

Immediate cause of death Hemiplegia of left side
Cerebral hemorrhage

Due to _____

Due to _____

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

8. AGE: Years 74 Months 9 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Alabama (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation at home

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Thomas Burgess

13. Birthplace Gasconade, Mo 0 (City, town, or county) (State or foreign country)

14. Maiden name Nancy Mahoney

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

16. (a) Informant Ivin Green

(b) Address Alabama, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/44 (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Clifford Brink

(b) Address _____

19. (a) 3/24/44 (Date received local registrar) (b) Howe H. Dieter (Registrar's signature)

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 C. J. Pray (M. D. or other) _____

Address Alabama, Mo Date signed 3-20-44

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

28
0
0

1104

4

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed C. Clifford Brink

Licensed Embalmer No. 3329

P. O. Address Albany TN

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.