

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Vandalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
406 N. Olive 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 1 yr 6 mths 21 days years, months or days)

3. (a) PRINT FULL NAME MELVIN LOUIS GREENE

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased September 27 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>6</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Vandalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Clarence Albert Greene

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

14. Maiden name Bessie May Ball

15. Birthplace Andrew Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Ball
(b) Address Vandalia, Mo

17. (a) Burial (b) Date thereof Apr 21 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Mo

18. (a) Signature of funeral director W. S. Waters
(b) Address Vandalia, Mo

19. (a) Apr 21 1944 (b) Melvin Greene
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Vandalia
(If outside city or town limits, write "RURAL")

(d) Street No. 406 W. Olive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1944 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 12 1944 to April 18 1944
that I last saw him alive on April 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral Bronchopneumonia Duration 7 days

Due to whooping cough 4 months

Due to _____

Other conditions: (Include pregnancy within 3 months of death) 9

Major findings: Of operations _____ 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Thos E. Sawyer M.D. (M. D. or other) _____
Address Vandalia, Mo Date signed 4/21/44

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

AUG 7 1944

JUL 6 1944

RECEIVED

District Health Officer No. 10

District File Number 5-44-913

Date Filed MAY 9 1944

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 N. S. Waters

Licensed Embalmer No. 04298

P. O. Address Vandalia Mo

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.