

S. No. 2  
M-2-43  
5-17-39  
PI X32629

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14895

State File No.

FILED MAY 15 1944

Registration District No. 15

Primary Registration District No. 5589

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
Route #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 12 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural - Union Township  
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1, Sarcoxie  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARK JERREL GREEN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White

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 February 22, 1932  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>12</u>	<u>1</u>	<u>29</u>	_____ hr. _____ min.

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

10. Usual occupation Student

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

12. Name Dayton Green

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

14. Maiden name Eva Freeman

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

16. (a) Informant Dayton Green

(b) Address Route #1, Sarcoxie, Mo.

17. (a) Burial (b) Date thereof 4-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dudman Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) April 12 '44 (b) E. Elizabeth Cooper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10,  
year 1944 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from April 10th,  
1944 to April 10th, 1944  
that I last saw him alive on April 10th, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal ob-  
struction.

Due to Generalized peritonitis

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 2

23. Signature E. Elizabeth Cooper M.D. O.  
Address Sarcoxie, Missouri Date signed 4-11-44

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

12282

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

44-4-370

AUG 8 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..... *Ed [unclear]*

Licensed Embalmer No..... *2272*

P. O. Address..... *Carthage*

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.