

FILED JUL 10 1944  
250

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 4373

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Barnard  
(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 \_\_\_\_\_  
In this community about 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Barnard  
(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 Mary Ellen Green

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

4. Sex female 5. Color or race white  
6. (b) Name of husband or wife Henry B. Green 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 27 1852  
(Month) (Day) (Year)

8. AGE: Years 91 Months 9 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Union Co. Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

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

MOTHER FATHER  
12. Name John K. Mathers  
13. Birthplace Unknown Penn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah A. Hartman  
15. Birthplace Unknown Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eda Anderson  
(b) Address Barnard Mo

17. (a) Removal (b) Date thereof 6-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Highway

18. (a) Signature of funeral director Campbell Funeral Home  
(b) Address Marionville Mo

19. (a) 6-26-44 (b) W.S.B. Arnet  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1944 hour 9 minute 45 p. M.

21. I hereby certify that I attended the deceased from June 10 1944 to June 25 1944  
that I last saw him alive on June 25 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Thyrotoxicosis  
Duration 10 yrs.

Due to \_\_\_\_\_  
Due to 638  
Other conditions none  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: not made  
Of operations: not had  
Of autopsy: not had  
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? \_\_\_\_\_

23. Signature Chas. D. Hummel M. D.  
Address Barnard Mo Date signed 6/25/44

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

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