S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 17 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28673

Registration District No. 316 Primary Registration District No. 30 J 9 Registrar's No. 124

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILHELMENA GREEN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Alfred Green
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased June 2 1871 (Month) (Day) (Year)
8. AGE: Years 73 Months 1 Days 17 If less than one day hr. min.
9. Birthplace Norwood (City, town, or county) New Jersey (State or foreign country)
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name Christian Kuchlin
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Maria Ylisky
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Harry Green
(b) Address Bonne Terre Mo Route 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation B. T. Cemetery
18. (a) Signature of funeral director Beckham Funeral Co
(b) Address 313 Beckham Bonne Terre
19. (a) Aug 2 1944 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1944 hour minute M.
21. I hereby certify that I attended the deceased from 7-23-1944 to 7-19-1944 that I last saw her alive on June 8 1944 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic myocarditis — 4 months
Due to Diabetes
Due to
Other conditions (Include pregnancy within 3 months of death) 93d
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 [illegible] (M. D. or other)
Address Bonne Terre Mo Date signed 7-24-44

(Licensed Embalmer's Statement on Reverse Side)

1373

RECEIVED

District Health Officer No. 4

District File Number 844-4213

Date Filed 8-12-44

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.