

37663

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 20 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 106Primary Registration District No. 5420Registrar's No. 18

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Rural - Holcomb, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community Life
 years, months or days

3. (a) PRINT
FULL NAMEFred Henry Green

3. (b) If veteran,

name war _____

8. (c) Social Security

No. 489-12-34624. Sex Male

5. Color or

race White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Bertha Ham Green

6. (c) Age of husband or wife if

alive 32 years

7. Birth date of deceased

August281907

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

3706

hr. _____ min.

9. Birthplace

Dunklin County

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Farming

11. Industry or business

Farming

12. Name

Robert Green

13. Birthplace

Stoddard County

(City, town, or county)

Missouri

(State or foreign country)

14. Maiden name

Rebecca Simpson

15. Birthplace

Dunklin County

(City, town, or county)

Missouri

(State or foreign country)

16. (a) Informant's own signature

John H. Young

(b) Address

Holcomb, Mo.

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

Sept-5-44

(Month) (Day) (Year)

(c) Place: burial or cremation

Shuman

18. (a) Signature of funeral director

Lambert 315

(b) Address

Campbell 9th

19. (a)

11-13-44

(Date received local registrar)

(b)

Bernice Wilson

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
 (c) City or town Rural - Holcomb
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 3
 year 1944 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to Sept 3, 1944;
 that I last saw him alive on Sept 3, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Unknown

Duration

Due to Cirrhosis of Liver2 wks.

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

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)

(a) Means of injury _____

23. Signature

John H. Young

(M. D. or other)

Address

Holcomb MoDate signed 9/11/44

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

Rev. 6-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 7 1944

DEC 1 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

E. W. Lander

Licensed Embalmer No. 2289

P. O. Address Campbell 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, above space should be left blank.