

S. No. 2
OM-8-43
v. 5-17-39
PI X37823

38526

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 8 1944

Registration District No. 214

Primary Registration District No. 5921

Registrar's No. 258

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: Rout 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 23 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 20

(c) City or town Sweet Springs 0
(If outside city or town limits, write "RURAL")

(d) Street No. Road - Rout 2 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____ U

3. (a) PRINT FULL NAME GEORGE P. GREEN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Maud Green 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 15 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>4</u>	<u>7</u>	<u>-</u> hr. <u>✓</u> min.

9. Birthplace Sweet Springs (1) Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Farm Work

12. Name Jacob Vanmeter Green

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

14. Maiden name Susan Frances Abbott

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

16. (a) Informant Maud Green

(b) Address Sweet Springs Mo

17. (a) Burial (b) Date thereof 10-25-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Jesse Harvey

(b) Address Sweet Springs Mo

19. (a) 10-28-44 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1944 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct 23, 1944, to _____, 19 ;

that I last saw h. ✓ alive on _____, 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Self-inflicted gun shot wound near the heart
with suicidal intent

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 1040

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Oct 22 1944

(c) Where did injury occur? near Sweet Springs Pettis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm
While at work? ✓ (Specify type of place)

(e) Means of injury shot gun

23. Signature M. J. Bishop (M. D. or other) 3

Address Sedalia Mo Date signed 10-28-44

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

2000

1025

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

12-2-44

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 me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Jessett Awey

Licensed Embalmer No. _____

2214

P. O. Address _____

Sweet Springs 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.