

FILED JAN 13/1945

Registration District No. _____

Primary Registration District No. 4203

1. PLACE OF DEATH: Gundy
(a) County Galt Mo
(b) City or town Galt 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 50 years years, months or days

3. (a) PRINT FULL NAME RICHARD J. GREEN
3. (b) If veteran, name war NO
3. (c) Social Security No. none

4. Sex Male 5. Color White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah Alice 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 28 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Peoria Co Ill
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Banker

MOTHER FATHER
11. Industry or business _____
12. Name Richard Green
13. Birthplace West Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Reckard Duffield
15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Jack McCracken
(b) Address Galt Mo
17. (a) Burial (b) Date thereof Dec 3 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or Kaplan Funeral Home
18. (a) Signature of funeral director Sheldon Funeral Home
(b) Address Galt Mo
19. (a) 12-2-44 (b) L. J. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Gundy
(c) City or town Galt Mo
(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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 1
year 1944 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 10-11-1943 to 12-1-1944,
that I last saw him alive on 12-1-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Arterio Sclerosis
Duration 14 Mo

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 94a
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 H. C. Weston (M.D. or other)
Address Galt, Mo. Date signed 12-2-44

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

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 *Wesley H. Bradford*

Licensed Embalmer No. *4370*

P. O. Address.....

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.