

FILED APR 10 1945

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry Clinton
(b) City or town Clinton
(c) Name of hospital or institution: Wetzel Hospital
(d) Length of stay: In hospital or institution 1 da
In this community 1 da

3. (a) PRINT FULL NAME

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 11 - 27 - 1944

8. AGE: Years 3 Months 13 Days 13 If less than one day hr. min.

9. Birthplace Clinton MO

10. Usual occupation none

11. Industry or business ✓

12. Name Peyton Green
13. Birthplace Scrum MO
14. Maiden name Myrtle M. Green
15. Birthplace Wichita MO

16. (a) Informant Peyton Green

(b) Address Scrum MO

17. (a) Burial (b) Date thereof 3-12-45

(c) Place: burial or cremation Scrum MO

18. (a) Signature of funeral director Fred Wetzel

(b) Address Clinton MO

19. (a) March 11 1945 (b) Myrtle Browner

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Benton
(c) City or town Warsaw
(d) Street No. 10 So + West Warsaw
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10
year 1945 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-9, 1945, to 3-10, 1945
that I last saw him alive on 3-10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death bronchial pneumonia

Due to 7 day

Due to 107

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy 107

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

(a) Accident, suicide, or homicide (specify) 107
(b) Date of occurrence 107
(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 107

23. Signature J. S. Wetzel (M.D. or other)
Address Clinton MO Date signed 3/11

RECEIVED

District Health Officer No. 7,

District File Number 3-45-277

Date Filed 4-9-40

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

Fred W. Peterson

Licensed Embalmer No.

2478

P. O. Address

Clinton 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.