. S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20709

REC JUL 11 1945

Registration District No. 14 Primary Registration District No. 3035 Registrar's No. 29

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

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 About 17yrs

2. USUAL RESIDENCE OF DECEASED: 54
(a) State Missouri (b) County Lafayette
(c) City or town Lexington 3
(If outside city or town limits, write "RURAL")
(d) Street No. Nth 15th st. 20
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RAYMOND R. GREEN
3. (b) If veteran, name war World war #2
3. (c) Social Security No. 499-16-2010
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Dec. (Month) 10 (Day) 1925 (Year)

8. AGE: Years	Months	Days	If less than one day
19	6	17	____ hr. ____ min.

9. Birthplace Waverly (City, town, or county) Mo. (State or foreign country) O
10. Usual occupation Driver grocery truck
11. Industry or business
MOTHER FATHER
12. Name Andrew Green
13. Birthplace Iowa (City, town, or county) (State or foreign country)
14. Maiden name Mary Postetter
15. Birthplace Waverly (City, town, or county) Mo. (State or foreign country) O
16. (a) Informant Mrs. Mary Jarman
(b) Address Lexington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, Mo.
18. (a) Signature of funeral director Tempel
(b) Address Lexington, Mo.
19. (a) July 6-45 (Date received by local registrar) (b) Mrs. Fred Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1945 hour ? minute ? M.
21. I hereby certify that I attended the deceased from called as a day laborer 6-30 1945 to ____ 19____, that I last saw him alive on ____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by 410 shot gun
Due to We the jury find agree that Raymond R. Green came his own death by 410 shot gun declared by the chief verdict of jury
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 164
Of autopsy no autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 054
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence June 27 1945 or assumed
(c) Where did injury occur? Lexington (City or town) Lafayette (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Lexington Belle Grove (Specify type of place)
While at work? (e) Means of injury 3
23. Signature W. W. Martin M.D. - acting Coroner (M. D. or other)
Address Odessa Mo Date signed 7/6/45

1158

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Health Officer
Number
7/10/45

SEP 24 1945

APR 3-0-1946

SEP 2 0 1945

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Geo McKean

Licensed Embalmer No. 2983

P. O. Address Lexington 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.