S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24803

FILED AUG 29 1945

Registration District No. 29 9 Primary Registration District No. 6023 Registrar's No. 14

1. PLACE OF DEATH:
(a) County Ray County - Knoxville Twp
(b) City or town Polo Rural
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Polo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George W. Green
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Malee 0
5. Color or race W
6. (a) Single, married, widowed, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 24 (Day) 1865 (Year)

8. AGE: Years 80 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Ray County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name John Green
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Sarah Arnote
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Clarence W. Green
(b) Address Camden, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery
18. (a) Signature of funeral director Cramer Clark
(b) Address Kingston, Missouri.
19. (a) 7-27-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1945 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1945 to July 23, 1945 that I last saw him alive on July 18, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis
Due to Carcinoma of colon
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

Duration

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 [illegible] (M. D. or other)
Address Lawson, Mo. Date signed July 31, 1945

1145

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-1-46

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address KINGSTON, 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.