V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1945

State File No. 30137

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 965

1. PLACE OF DEATH:
(a) County: Buchanan County
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Yrs. 3 Mo. (Specify whether years, months or days)
In this community 8 Yrs. 3 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ray 11
(c) City or town: Lawson 1
(If outside city or town limits, write "RURAL")
(d) Street No.: None 7
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country: ——

3. (a) PRINT FULL NAME: Sam C. Green

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Minnie D. Adkins Green

6. (c) Age of husband or wife if alive: Unknown years

7. Birth date of deceased: April (Month) 9 (Day) 1878 (Year)

8. AGE: Years 67 Months 4 Days 28 If less than one day hr. min.

9. Birthplace: Clinton, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: None

FATHER
12. Name: W. H. Green
13. Birthplace: St. Louis, Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Mary Short
15. Birthplace: South Carolina (City, town, or county) 1 (State or foreign country)

16. (a) Informant: Ralph L. Green (Son)
(b) Address: Lawson, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lawson Mo

18. (a) Signature of funeral director: Clark Mortuary
(b) Address: 5025 King Hill Ave.

19. (a) 9-11-1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

1458

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 year 1945 hour 2. minute 10 A. M.

21. I hereby certify that I attended the deceased from August 4, 1945 to Sept. 7, 1945, 19 45 that I last saw him alive on Sept. 6, 19 45 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia — Duration

Due to: — Duration

Due to: — Duration

Other conditions: Cirrhosis alcoholic — Duration
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

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): No
(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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: George M. Rotelle (M. D. or other)
Address: State Hospital #2 Date signed 9/7/45

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri

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 9/7/45

....., Registered Apprentice No.....,

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. #328

P. O. Address St. Joseph 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.