

FILED OCT 11 1945

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Rose Smith Green

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Abner Green 6. (c) Age of husband or wife if alive, dead years
7. Birth date of deceased March 13, 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Millersville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER { 12. Name John Smith
13. Birthplace Millersville Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Margtha Vickers
15. Birthplace Millersville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. A. Shirley
(b) Address Kennett, Mo.

17. (a) Burial (b) Date thereof 9-16-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Paul Salzman

(b) Address Kennett, Mo.

19. (a) 9-15-1945 (b) Paul Salzman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35
(c) City or town Kennett 2
(If outside city or town limits, write "RURAL") 2
(d) Street No. 203 East 6th Street 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14th
year 1945 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from July 14
1945 to Sept 14 1945
that I last saw her alive on Sept 14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Duration 10 days

Due to
Due to

Other conditions Cancer Breast
(Include pregnancy within 9 months of death)
operation 2047-1945
Major findings:
Of operations

Of autopsy 50
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Paul Salzman (M. D. or other) MD
Address Kennett Mo Date signed 9-15-45

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

RECEIVED

District Health Office No. 2

District File Number 1045-3105

Date Filed 10-8-65

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 *H. Balman*

Licensed Embalmer No. 2556

P. O. Address *Kennett, 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.