

No. 2  
-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33362

FILED NOV 8 1945

Registration District No. 50

Primary Registration District No. 5179

Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County Camden

(b) City or town Roach Esuago mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: home - Jewell  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_ years, months or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden 15

(c) City or town Roach 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Jewell 0  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Jasper Green

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Hellie Frances Green

6. (c) Age of husband or wife if alive 3-8 years

7. Birth date of deceased June 30 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58 3 17 hr. min.

9. Birthplace Camden MO 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name John Calvin Green

13. Birthplace Camden MO 0  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Russell

15. Birthplace \_\_\_\_\_ MO A  
(City, town, or county) (State or foreign country)

16. (a) Informant Hellie Green

(b) Address Roach MO

17. (a) Burial (b) Date thereof Oct 19-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parish Home

18. (a) Signature of funeral director Bankson Woolery

(b) Address Camden, MO

19. (a) Nov 1-1945 (b) Zilpha J. Jew  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17  
year 1945 hour \_\_\_\_\_ minute 2:30 P.M.

21. I hereby certify that I attended the deceased from April 11th 1945 to Oct 17th 1945;  
that I last saw him alive on October 12th 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion

Due to Paralysis of right side 6 mo

Due to Cerebral Thrombosis 6 mo

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: JJB

Of operations \_\_\_\_\_

Of 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:

(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 G. J. Myers (M. D. or other) \_\_\_\_\_

Address Moore Creek MO Date signed 10/17/45

1578

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Office No. 7,

District No. 10-43-1057

Date Filed 11-7-43

**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 *Alfred Benson Wolery*

Licensed Embalmer No. 2488

P.O. Address *Camden, N.J.*

**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.**