

FILED NOV 28 1945

Registration District No. **13**

Primary Registration District No. **3003**

1. PLACE OF DEATH:
 (a) County Barry
 (b) City or town Mouett
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Vincent
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 hours
(Specify whether years, months or days)
 In this community Three years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barry
 (c) City or town Mouett
(If outside city or town limits, write "RURAL")
 (d) Street No. 307 1/2 4th St
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country None

3. (a) PRINT FULL NAME Oscar Olen Green
 3. (b) If veteran, name war None 3. (c) Social Security No. None
 4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Ona Etta Green 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased December 31 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 19
 year 1945 hour 4 minute P M.
 21. I hereby certify that I attended the deceased from Jan 1935 to Oct 19 1945
 that I last saw him alive on Oct 19 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - Hypotetic Duration 20 hours

8. AGE: Years 76 Months 9 Days 18 If less than one day
 hr. min.

Due to Myocardial degeneration - non rheumatic

9. Birthplace Marceline, Chariton Co. Missouri
(City, town, or county) (State or foreign country)

Due to Myocardial degeneration - non rheumatic

10. Usual occupation Retired Minister

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business None

Major findings: Of operations 93d

12. Name William Henry Green

Of autopsy

13. Birthplace Chariton Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Missouri Ellen Hains

15. Birthplace Chariton Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Evelyn L. Floreth

(b) Address 505 4th St, Mouett Mo.

17. (a) Removal (b) Date thereof Oct 19 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Kentucky

18. (a) Signature of funeral director Callaway

(b) Address Mouett Mo.

19. (a) 10-19-45 (b) W. M. West
(Data received local registrar) (Registrar's signature)

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) (a) Means of injury

23. Signature Frank New (M. D. or other)

Address Mouett Mo. Date signed 10/19/45

19. (a) 10-19-45 (b) W. M. West
(Data received local registrar) (Registrar's signature)

19. (a) 10-19-45 (b) W. M. West
(Data received local registrar) (Registrar's signature)

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

1
2
1

MOTHER FATHER

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

RECEIVED

District Health Officer No. 6,

District File Number 1145-1115

Date Filed NOV 17 1945

DEC 13 1945

DEC 1 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.