

FILED FEB 13 1946

State File No. _____

Registration District No. 382

Primary Registration District No. 4228

Registrar's No. 8

1. PLACE OF DEATH:

(a) County HOWARD
(b) City or town GLASGOW
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 23 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Glasgow
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WM. HORACE GREEN

3. (b) If veteran, name war WORLD WAR #1 3. (c) Social Security No. _____

4. Sex male (1) 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Luz Digger Green 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Oct 22 1894 (Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Merchant

11. Industry or business His Clothing Store

12. Name James A. Green

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

14. Maiden name Elizabeth Mae Beach

15. Birthplace Armstrong MO. (City, town, or county) (State or foreign country)

16. (a) Informant James A. Green

(b) Address Armstrong MO.

17. (a) Burial (b) Date thereof Jan 7 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glasgow MO.

18. (a) Signature of funeral director Arden J. Fremouth

(b) Address Glasgow MO.

19. (a) 1-7-46 (b) Joe King (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1946 hour 10 minute 30 AM.

21. I hereby certify that I attended the deceased from 12 - 1 1945 to 5 - 5 1946 that I last saw him alive on 1 - 5 1946 and that death occurred on the date and hour stated above.

Immediate cause of death malignancy of Breast Duration _____

Due to _____

Due to _____

Other conditions 54 lb (Include pregnancy within 3 months of death)

Major findings: malignant lung tumor 5 months ago cancer hospital none (collected) Of operations _____ Of autopsy _____ Collected

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 W. B. Niteker (M. D. or other) _____

Address Glasgow Date signed _____

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

FEB 18 1948

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. Walker Audsley*
Licensed Embalmer No. *3336*
P. O. Address *Glasgow 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.