

No. 2
-17-39
X 37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5451

FILED FEB 19 1946

Registration District No. 143

Primary Registration District No. 5560

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Howell

(b) City or town "Rural" Willow Springs
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Rural
(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 John William Green

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Annie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 20 1862
(Month) (Day) (Year)

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

83 11 21 hr. min.

9. Birthplace Sullivan Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Phillip M. Green

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

14. Maiden name Inman

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Green

(b) Address Willow Springs, Mo.

17. (a) Burial (b) Date thereof 1 13 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine Grove Cem.

18. (a) Signature of funeral director James Funeral Home

(b) Address Willow Springs, Mo.

19. (a) Jan. 15, 1946 (b) St. M. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11 year 1946 hour 4:00 A. minute _____ M.

21. I hereby certify that I attended the deceased from May 13, 1940 to Jan. 9, 1946

that I last saw him alive on Jan. 9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 3 days

Due to arteriosclerosis 15 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: Of operations _____

Of autopsy 94a

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? _____

(Specify type of place) _____

(While at work? _____) (e) Means of injury 0

23. Signature Ed Callahan (M. D. or other) _____

Address Willow Springs, Mo. Date signed 1-15-46

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RECEIVED

District Health Officer No. 5,

District File Number

246148

Date Filed

2, 15, 46

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 *P. W. Barber*.....

Licensed Embalmer No. *3848*.....

P. O. Address *Wata Gona Ins.*.....

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.