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FILED APR 12 1946

Registration District No. 46

Primary Registration District No. 463

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Hamilton

(c) Name of hospital or institution: Elms Hotel 3
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 11 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

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

(d) Street No. St. Chestnut Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME NANCY E. GREEN

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1946 hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from Jan. 17
1946, to Jan. 17, 19 46

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, widow 2

6. (b) Name of husband or wife J. E. Green

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

7. Birth date of deceased March 10 1851
(Month) (Day) (Year)

that I last saw her alive on January, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Leakage of Heart Duration _____

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

94 10 8 hr. _____ min.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

9. Birthplace not known Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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? _____

11. Industry or business _____

MOTHER FATHER { 12. Name no record

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

23. Signature Lee E. Eads (M. D. or other) _____
Address Hamilton Mo. Date signed 1-18-46

16. (a) Informant Richard M. Bowman

(b) Address Cameron

17. (a) Burial (b) Date thereof 1-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clark, Missouri

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

(b) Address Cameron

19. (a) 3-19-46 (b) Gladys Jones
(Date received local registrar) (Registrar's signature)

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

APR 18 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. Peckin*
Licensed Embalmer No. *3960*
P. O. Address *Myrtle Ms.*

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.

Registration District No. 46 Primary Registration District No. 4063 Registrar's No.

1. PLACE OF DEATH
(a) County Caldwell
(b) City or town Hamilton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Calms Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nancy E Green
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife J. E. Green 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March 10 1900
(Month) (Day) (Year)

8. AGE: Years 94 Months 10 Days 8 If less than one day hr. min.

9. Birthplace West Union, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business no record

12. Name no record

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Richard M Bowman

(b) Address Cameron

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/46
(Month) (Day) (Year)

(c) Place: burial or cremation Clark Mo

18. (a) Signature of funeral director Poland Funeral Home
(b) Address Cameron Mo

19. (a) March 18/46 (Date received local registration) (b) Bladys Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clinton
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. S. Chestnut Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan Day 17 Year 1946 hour 3:30 minute A.M.
21. I hereby certify that I attended the deceased from Jan 17 1946 to Jan 17 1946
that I last saw him alive on Jan 17 1946
and that death occurred on the date and hour stated above
Immediate cause of death Seizure of heart

Duration

Due to

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations

Of autopsy

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?

(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 Lee J Eads (M. D. or other) MD
Address Hamilton Mo Date signed 1/18/46

7621 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

LEAVENHAY

APR 18 1946

8690

3-20-46

DISTRICT HEALTH OFFICE
Cameron, Mo.