

No. 2
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5-17-39
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FILED MAR 13 1946

STANDARD CERTIFICATE OF DEATH

State File No. **8880**

Registration District No. **77**

Primary Registration District No. **316**

Registrar's No. **70**

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Penitentiary Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months 23 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rolla, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 7th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Green, Lee #59055

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased November 12, 1925
(Month) (Day) (Year)

8. AGE: Years 20 Months 3 Days 23
If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Unknown Sam Green

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

14. Maiden name Unknown Emma Hamby

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

16. (a) Informant Prison Hosp. Records

(b) Address J.C. Mo.

17. (c) Burial (b) Date thereof 3-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Mo

18. (a) Signature of funeral director Gordon funeral home

(b) Address Rolla Mo

19. (a) 3-8-46 (b) R.P. Derrin MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1946 hour 10:20 minute P.M.

21. I hereby certify that I attended the deceased from Dead when received
that I last saw h. alive on 0 19
and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck

Due to accidental fall
catching head in

Due to cell window

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 11/10/46
Of autopsy 38

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence March 7, 1946

(c) Where did injury occur? In cell
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
3

While at work? (Specify type of place) (e) Means of injury

23. Signature J.T. Leslie Coronor (M. D. or other)
Address Jeff City, Mo Date signed 3-7-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-12-46

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..... Frank P. Guelle.....

Licensed Embalmer No. 3890

P. O. Address Jeff City 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.