

FILED MAY 10 1946
Registration District No. 144

Primary Registration District No. 4235

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County IRON 47
(c) City or town ANNAPOLIS
(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 FLORENCE LOWELLA 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 SINGLE

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

7. Birth date of deceased: APRIL 25 1946
(Month) (Day) (Year)

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

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

10. Usual occupation INFANT

11. Industry or business _____

12. Name TRUMAN LEVI GREEN

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

14. Maiden name KELIA PRICE

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

16. (a) Informant T. L. GREEN

(b) Address ANNAPOLIS, MO

17. (a) BURIAL (b) Date thereof 4/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PATTON, MO

18. (a) Signature of funeral director Norman W. Gid

(b) Address Piedmont Mo

19. (a) 5-4-46 (b) Mrs. Avis Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 27
year 1946 hour 3:00 minute A.M.

21. I hereby certify that I attended the deceased from 4/25/46 19 to 4/25/46 19
that I last saw him alive on _____ 19
and that death occurred on the date and hour stated above.

Immediate cause of death premature child Duration _____

Due to cause unknown -

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 2/28/46

(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 H. H. Green M.D. (M. D. or other)

Address Piedmont Mo Date signed 4/27/46

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

11901

RECEIVED

District Health Officer No. 4

District File Number 546-2130

Date Filed 5-9-46

STATEMENT BY LICENSED EMBALMER

not

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 Roman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont 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.