S. No. 2
M—8-43
. 5-17-39
I X37823

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

16539

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17659

State File No.

FILED MAY 27 1946

Registration District No. 278 Primary Registration District No. 2054 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Pike
(c) City or town Bowling Green MO
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES WESLEY GREEN
3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pearl Green
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Sept (Month) 26 (Day) 1869 (Year)

8. AGE: Years 76 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Pike (City, town, or county) MO (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER FATHER
12. Name Wesley Green
13. Birthplace Pike (City, town, or county) MO (State or foreign country)
14. Maiden name Mary Ann Hudson
15. Birthplace Pike (City, town, or county) MO (State or foreign country)
16. (a) Informant Mrs J W Green
(b) Address Bowling Green MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 2 1946 (Month) (Day) (Year)
(c) Place: burial or cremation New Liberty Cemetery
18. (a) Signature of funeral director Grace E Bonham
(b) Address Bowling Green MO
19. (a) 5/25/46 (Date received by local registrar) (b) Margaret E Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1946 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from 3-30-46 AM, 19..., to 3-30-46 PM, 1946 that I last saw him alive on March 30, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 94.0

Duration

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

23. Signature J Cunningham (M. D. or other)
Address Date signed

255 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-46-1022
Date Filed MAY 23 1946

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 Grace M. Banfihead

Licensed Embalmer No. 22 04

P. O. Address Bowling Green 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.