S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21171

State File No.

Registration District No. Primary Registration District No. 3056 Registrar's No. 125

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hr - 45 min (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Randolph
(c) City or town Moberly (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 RICHARD-LEE-GREEN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased June (Month) 9 (Day) - 1946 (Year)
8. AGE: Years — Months — Days — If less than one day 10 hr. 45 min.
9. Birthplace Moberly (City, town, or county) Mo (State or foreign country)
10. Usual occupation Baby
11. Industry or business
FATHER 12. Name Floyd Green
FATHER 13. Birthplace Iowa (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mildred Mapes
MOTHER 15. Birthplace Keytesville (City, town, or county) Mo (State or foreign country)
16. (a) Informant Floyd Green
(b) Address Keytesville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Keytesville
18. (a) Signature of funeral director Hyde & Garrett
(b) Address Keytesville
19. (a) June 11 46 (Date received local registrar) (b) Leola Williams Laine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 9 year 1946 hour 11 minute 25 A.M.
21. I hereby certify that I attended the deceased from 6-9-46, 19..., to 6-9-46, 19...; that I last saw him alive on 6-9-46, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature	10 hr 45 min
Due to	
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
(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 W. H. McCormick D.O. (M. D. or other)
Address 300½ Reed St. Moberly Mo. Date signed 6-9-46.

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

264 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-46-1274
Date Filed JUL 3 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

This body was not Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed H. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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.