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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED JUN 24 1946 STANDARD CERTIFICATE OF DEATH**

State File No. 22397  
Registrar's No. 7

Registration District No. 321 Primary Registration District No. 4470

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

1. PLACE OF DEATH:  
(a) County: Saline  
(b) City or town: Arrow Rock, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
no [unclear] at brother's home  
(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) All His Life

3. (a) PRINT FULL NAME: John L. Green  
3. (b) If veteran, name war: World War I  
3. (c) Social Security No: 495-09-6768

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married  
6. (b) Name of husband or wife: Sallie P. Thomas 6. (c) Age of husband or wife if alive: 45 years  
7. Birth date of deceased: March 2 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 3 7 hr. min.

9. Birthplace: Arrow Rock Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Truck Driver

11. Industry or business: for Brooks Truck Co.

12. Name: Earl E. Green

13. Birthplace: Saline Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Lula Olivia Black

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

16. (a) Informant: Mrs. John Green

(b) Address: Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/11/1946  
(Month) (Day) (Year)

(c) Place: burial or cremation: Arrow Rock, Mo.

18. (a) Signature of funeral director: [Signature]  
(b) Address: [Address]

19. (a) June 10 - 1946 (Date received local registrar) (b) Mr. W. E. Shackelford (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Saline  
(c) City or town: Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 225 E. Porter  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 9 year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8:30 to 9:30 6-9, 1946, to 6:30, 1946 and that death occurred on the date and hour stated above.  
Duration

Immediate cause of death:  
Coronary Thrombosis  
Coronary Sclerosis

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: [Signature]

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? \_\_\_\_\_

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

23. Signature: [Signature] (M. D. or other) Address: Marshall Mo. Date signed: 6/12/46

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-18-46

AUG 2 1946

JUN 28 1946

JUL 10 1946

AUG 20 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..... *J. Leslie Summey*  
Licensed Embalmer No. 3235

P. O. Address..... *Marshall, 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.