ARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31044

FILED OCT 30 1946

Registration District No. [illegible] Primary Registration District No. 5831 Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County Newton Co

(b) City or town Fairview
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Stark City - Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME MARY WILLIE 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 married /

6. (b) Name of husband or wife Luther Green

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept (Month) 2 (Day) 1882 (Year)

8. AGE: Years 64 Months ..... Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Newton Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Joseph Kincaid /
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jennie Grimes
15. Birthplace ..... (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant Mr. Luther Green
(b) Address Stark City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Dice Cemetery

18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville Mo.

19. (a) 10-2-46 (Date received local registrar) (b) Alpha Dyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1946 hour ..... minute 11 A.M.

21. I hereby certify that I attended the deceased from Aug 9, 1946 to Sept 6, 1946 that I last saw her alive on Sept 6, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Stomach	7
+ Essential Hypertension	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46B	
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 2

23. Signature E. A. Smith (M. D. or other) DO

Address Monett Mo Date signed 9-6-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton

District File Number 1046-149

Late Filed 10-8-46

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 G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville 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.